STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 1. DECEASED NAME KNOWN X 2b. HOUR (TYPE OR PRINT) OF ESTI-Kimberlee NECESSARY, PLEASE UNERAL DIRECTOR. 5 FOR YOUR FILES. VAITHIN 72 HOURS Joy Abbott 19 87 9:4] P M 4. RACE DATE OF BIRTH 6 AGE (IN YEARS | IF UNDER 1 YR. JE LINDER 24 HRS DATE LAST BIRTHDAY PRONOUNCED Female White DEAD April FUNERAL 5 FOR YC TO BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH 76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED X Balto. USA Co. Md. Baltimore County WIDOWED DIVORCED USUAL OCCUPATION (TYPE OF WORK IA CITY OF TOWN OF DEATH IL NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION Student RETAIN PAC Ccckevsmill Reisterstown 13a. STATE Reisterstown Page 184 INSIDE 13d INSIDE CITY LIMITS? 13e STREET ADDRESS NO V Green 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Charles Abbott Bonnie Bradlev 214-66-5703 Mr. Charles R. Abbott Reisterstown 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) HIEF MEDICAL EXAMINER ALONG USED AS A BURIAL-TRANSIT PERMIT OF HEALTH AND MENTAL HYGIENE, RIAL, CREMATION, OR REMOVAL. PART I DEATH WAS CAUSED BY Cranio-cerebral Trauma IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH RUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 ... CERTIFICATION 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD EXECUTE THE CERTIFICATE, WRITING THE WORD." PAGE 4 SHOULD BE FORWARDED TO THE CHIEF. TO FUMERAL DIRECTOR: PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HIS BALTIMORE, MARYLAND/21201 PRIOR TO BURIAL, YES X NO 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR KA MONTH DAY UNDERLYING A OR MEDICAL 5/ subject driver of auto/fixed object impact CONTRIBUTING CAUSE OF DEATH 9: 27PM 211 LOCATION 21e PLACE OF INJURY (ATHOME, STREET, FACTORY, FARM, ETC.) WHILE NOT WHILE roadway 320 Cockeysmill Rd., Reisterstown, Balto.Co., X 22a I certify that I took charge of the remains described above, held at Inspection Inquiry end in my opinion Hamicide Undetermined manner Natural causes TITLE (SPECIFY) DATE Assistant MEDICAL EXAMINER 5/4/87 EXAMINER'S NAME Dennis F. Smyth, M.D. 111 Penn St. 23a BURIAL, CREMATION, REMOVAL 23b DATE 23c. NAME OF CEMETERY OR CREMATOR 23d. LOCATION STATE Burial May 6.87 Evergreen Memorial Finksburg, 07/84 25M 24 FUNERAL DIRECTOR **DHMH - 17** Reisterstown, Funeral Home (VR A15 ME (5))



STATE OF MARYLAND

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REGISTRAR

24 FUNERAL DIRECTOR

Chas.A.Rice FSPA 1300 Eutas Place

DHMH - 16 60M 7/84

(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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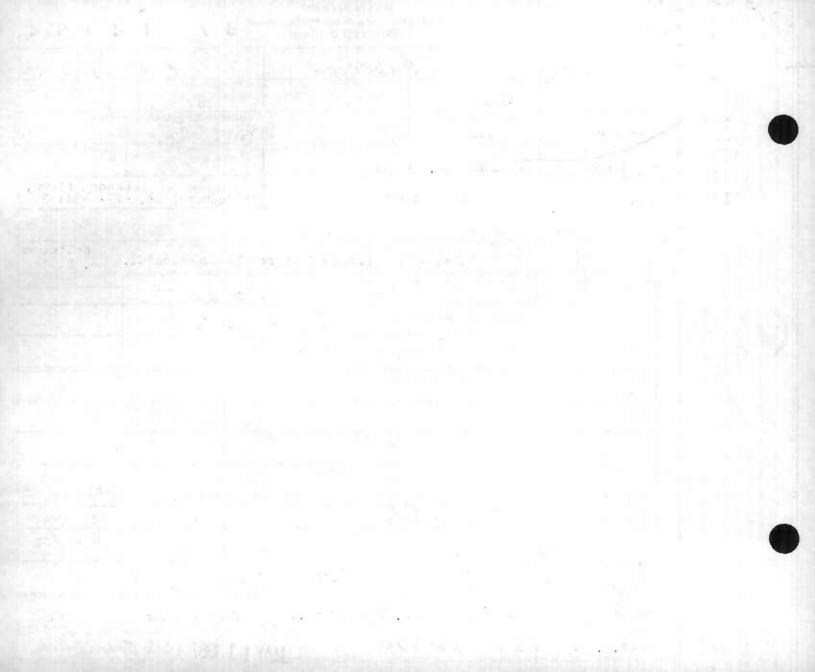
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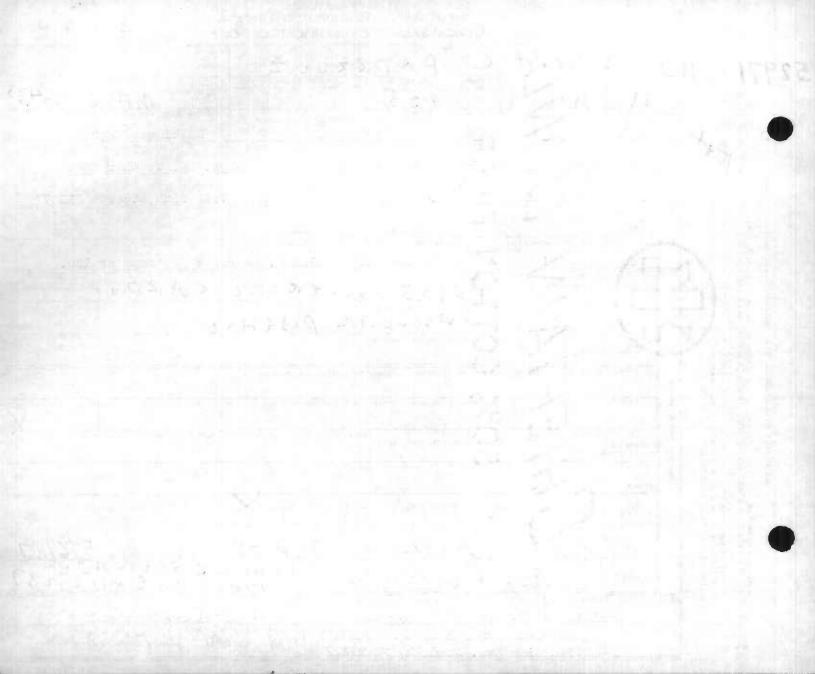
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Md. STATE

Julia Davidson Randall



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR DECEASED NAME 20. DATE KNOWN OF ESTI-4 RACE 5 DATE OF BIRTH IF UNDER 24 HRS IF UNDER 1 YR 2d HOUR DATE PRONOUNCED BIRTHPLACE (STATE C 9. BALTIMORE CITY OR COUNTY MARRIED WEVER MARRIED FOREIGN COUNTRY Maryland USA WIDOWED DIVORCED Baltimore County TITY OR TOWN OF DEATH II. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION STYPE OF WORK 112b KIND OF BUSINESS Rossville Franklin Square Hospital Phys. Ed. Teacher Coach LIAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 113b COUNTY 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Maryland Baltimore Resedale YES _ NO DX 7908 35th Street 21237 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE Paulo Andreone Rose Papa 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 7 INFORMANT ADDRESS (YES, NO. OR UNKNOWN) Vietnam Yes 216-30-6863 Helen L. Andreone Same as 13e. 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL PART I DEATH WAS CAUSED BY CHEROTIL AR PUSCASE Conditions, if ony, which gave rise to immediate cause (a) stating the under DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 DTNER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [21g EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME, IL LOCATION AT WORK NOT WHILE STREET, FACTORY FARM FIC 1 STREET CITY OR TOWN COUNTY STATE 22a I certify that I tack chy inia described above, held an and in my opinion death resulted Homicide Undetermined monner TO FUNERAL DIRECTOR AFTER DEATH, WITH EXAMINER'S NAME (TYPE OR PRINT) 23e BURIAL CREMATION REMOVAL 23h DATE Burial 5-9-87 07/B4 Oak Lawn Baltimore Maryland 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE Duda-Ruck Funeral Home of Dundalk **DHMH - 17** dia Deviden. (VR A15 ME (5)) 7922 Wise Ave. Dundalk, MD 21222



executed within 24 hours after

11.57		FOR STATE REGISTRAR				MENT OF H	ICATE OF	MENTAL HYG	8	REG. N		2	8	4	MDUNDER 24 HRS STATE USED DEATH? (I) (we) lost ses stated NED NED
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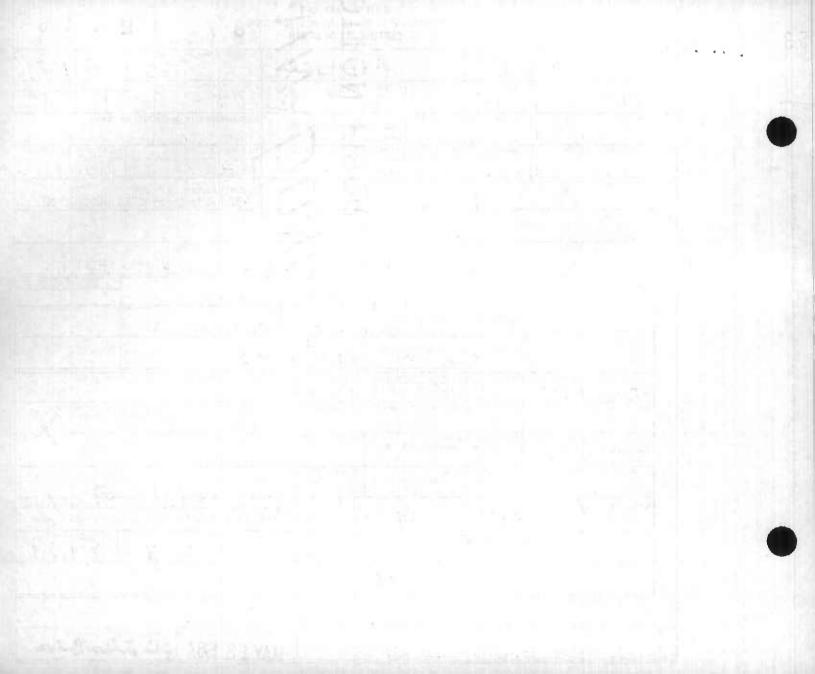
DHMH - 16 60M 7/B4 (VRA 15, 4) 24 FUNERAL DIRECTOR
Mitchell-Wiedefeld

BP.

TO FUNERAL DIRECTOR, After this certificate has been signed by the attending physician and c should be detoched for use as the busol-transit permit. Then please remove carbon-papers. Pages with the State Dept. of Health and Mental Hygiene prior to busial, crematian, ar removal.

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DHMH - 16 60M (VRA 15, 4)		F		ral Home,	Ha mag +	5	4.7	VALL	1 0 1097		Tinder-			
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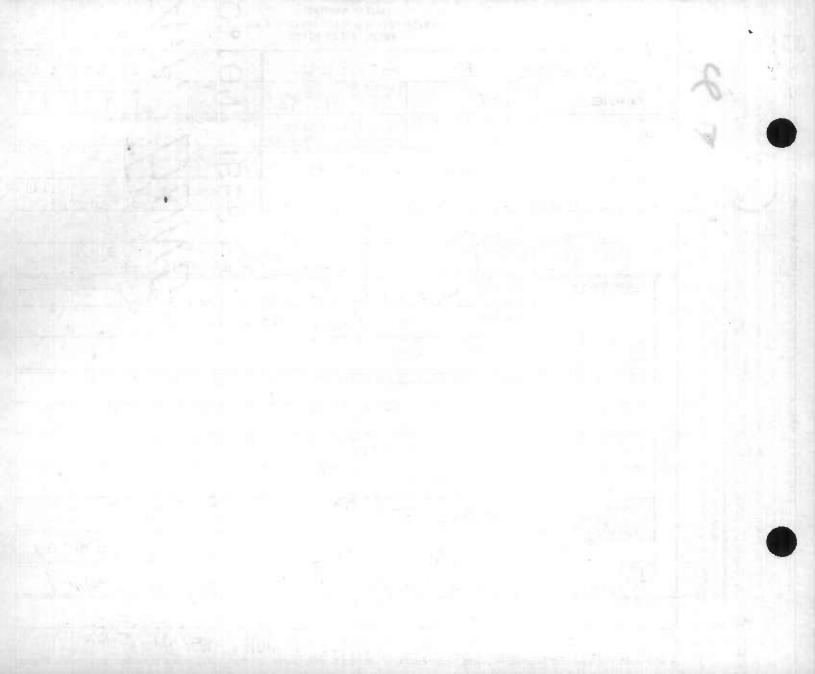
dia Divideon Rendallo

24 FUNERAL DIRECTOR

Connelly Funeral Home 300 Mace Ave. 21221

DHMH - 16 60M 7/84

(VRA 15, 4)



STATE OF MARYLAND 053475 1117 DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO LAST 20. DATE OF DEATH MONTH I. DECEASED NAME MIDDLE FIRST 2b. HOUR (TYPE OR PRINT) BAKER James W. May 12,1987 87 11:43a A 3 SEX 4 RACE S DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYEAR IF UNDER 24 HRS DAYS 25 1913 4 Sept Male White 73 70. BIRTHPLACE (STATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? MARRIED THEVER MARRIED Maryland Baltimore County IISA DIVORCED WIDOWED 18 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OF OTHER INSTITUTION 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR Franklin Square Hospital re of work for most of working Life) IND Retired-V-Paturzo INDUSTRY Rossville USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a STATE Balto. 13c CITY OR TOWN ESSEX 13d. INSIDE CITY LIMITS? 13. STREET ADDRESS / ZIP CODE 308 MILLES ROAC YES [NO 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Mary James Bergen Baker 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT LYES NO OR UNKNOWN (IF YES GIVE WAR OR DATES) Russie Baker 308 Miles Road 21221 216-05-4412 APPROXIMATE INTERV. 18 CAUSE OF DEATH (Enter only one couse per line for to), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o INSUFFICIENCY Conditions, if ony, which gove rise to immediate couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIG CERTIFICATION 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOX YES [NO [71m ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY OR CONTRIBUTING CAUSE OF DEATH MEDICAL (HE EITHER NOTHEY MEDICAL EXAMINER) P.M 19 21d INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY CITY OR TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from sow the deceased olive on. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (1) (we) (did) (did not) view the body ofter death 226. SIGNATUR ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

DHMH - 16 60M 7/84 (VRA 15, 4)

9

230. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

22d PHYSICIAN

23c NAME OF CEMETERY OR CREMATORY

22e ADDRESS

23d LOCATION

24 FUNERAL DIRECTOR

HollyHill Cemetery

CITY OF TOWN COUNTY MiddleRiver Balto

ConnellyFuneralHome 300MaceAve. 21221

23b. DATE

Devideon.

The date and the grant of the variation

STATE OF MARYLAND

BP. DHMH - 16 60M 7/84 (VRA 15, 4)

Cremation

24 FUNERAL DIRECTOR

ADDRESS 1050 York Road Ruck Towson Funeral Home, Inc. Towson, Md. 21204

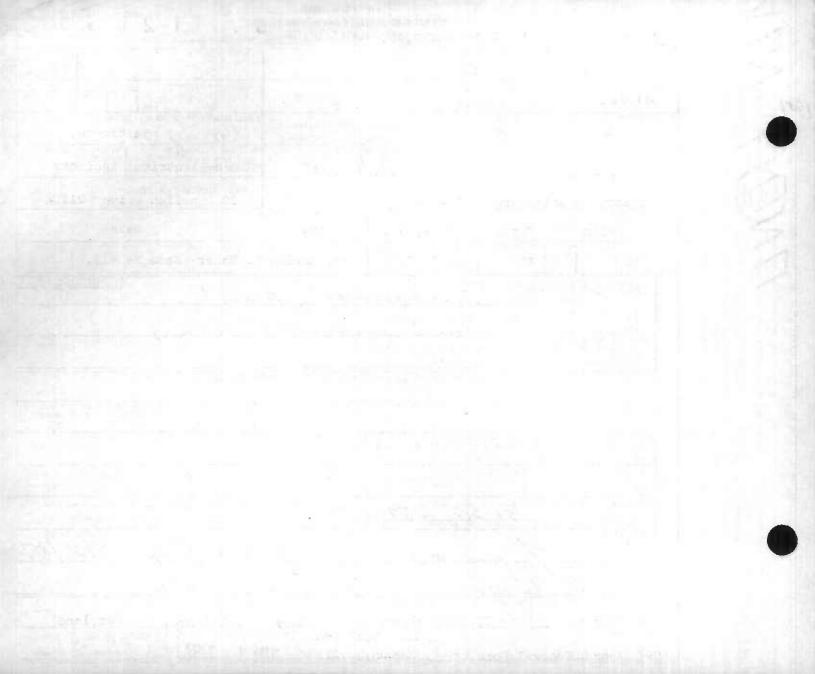
Westview Crematory

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

Baltimore

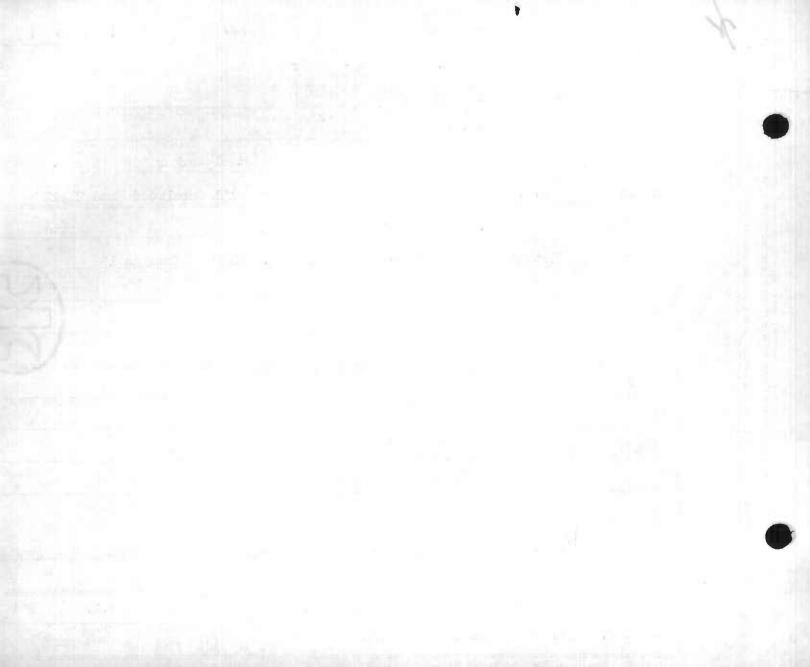
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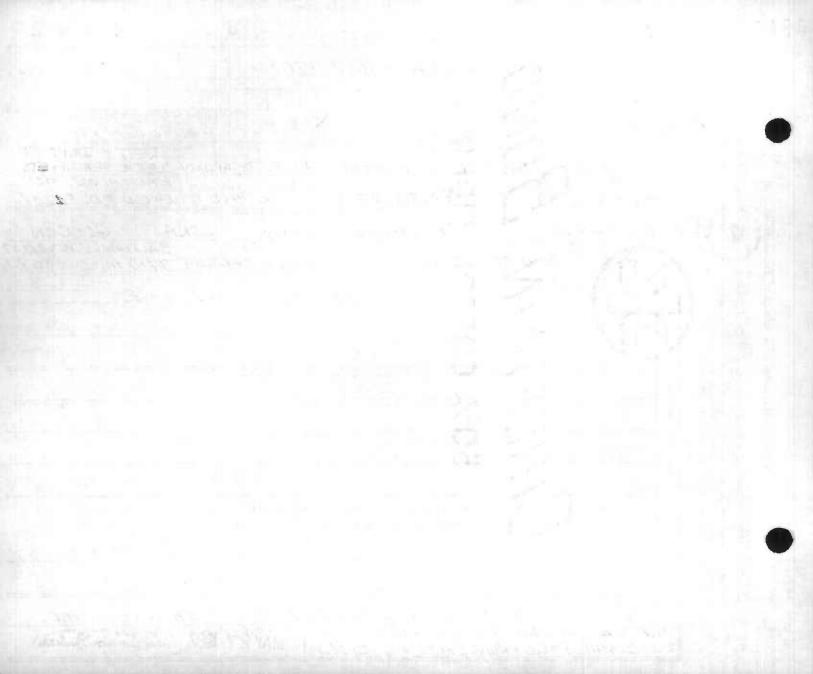


DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR L DECEASED NAME O DATE KNOWN 7b HOUR OF ESTI-E. Ronald Baker 1987 4 RACE 5. DATE OF BIRTH AGE (IN YEARS JE UNDER 24 HRS 7d HOUR DATE LAST BIRTHDAY PRONOUNCED 7:40I White Male 10 47 40 DEAD Th CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED Maryland U.S.A. DIVORCED Baltimore County LCITY OR TOWN OF DEATH I. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION LTYPE OF WORK 120 KIND OF BUSINESS OR INDUSTRY Steel Worker G & E. Baltimore Patapsco River Maryland OUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Pasadena 131 Coralwood Road 21122 NO X 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST Edgar S. Baker Pearl Watts 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. ADDRESS Yes 218-46-8478 Vietnam Linda A. Baker Same as 13e APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c),) BETWEEN ONSET AND DEATH PARTIDEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Drowning DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH RUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES 😡 NO F TO MEDICAL EXAMINER: THIS CERTIFICATE SECULT THE CERTIFICATE, WRITING THE WORD PAGE 4 SHOULD BE FORWARDED TO THE COFFUNERAL DIRECTOR: PAGE 3 SHOULD BE AFTER DEATH, WILLH HE STATE DEPARTMENT BATTWORE, MARTNAND, 21201 PRIOR TO BUILD 21g. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH UNDERLYING 8:00PM 5-22- 1987 Subject drowned 21e PLACE OF INJURY (AT HOME. STREET, FACTORY FARM ETC.) WHILE NOT WHILE X Patapsco River, Baltimore County, MD X 22a. I certify that I took charge of the remains described above, held on Autopsy Inspection and in my opinion death resulted from Natural causes Homicide Undetermined manner TITLE (SPECIFY) ACTUAL Assistant MEDICAL EXAMINER SIGNED 5-31-87 SIGNATURE EXAMINER'S NAME (TYPE OR PRINT) Margarita A. Korell, M.D. ADDRESS 111 Penn St., Balto, MD 21201 23r NAME OF CEMETERY OF CREMATORY Cedar Hill Cemetery 230.BURIAL, CREMATION, REMOVAL (SPECIFY) Burial 236 LOCATION Baltimore ST Md 07/84 BP George J. Gonce 4001 Ritchie Hgwy Balto Md 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE Duridorn Rondres **DHMH** - 17 (VR A15 ME (5))

STATE OF MARYLAND



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- STATE

REGISTRAR

Burial 24 FUNERAL DIRECTOR

DHMH - 16 60M 7/84

(VRA 15. 4)

IF UNDER 24 HRS BALTIMORE CITY OR COUNTY OF DEATH Balto. County 126 KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY 1000 E. Joppa Rd. 21204 Schroeder ADDRESS Mrs. Ruth Jenkins 6401 Loch Raven Blvd 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CITY OR TOWN COUNTY STATE and that in (my) (aur) apinian death accurred an the date and have and from the causes stated PHYSICIAN DIRECTOR PHYSICIAN 21204 Baltimore June 2.1987 Moreland Memoria Maryland So DATE REC D BY REGISTRAR 256 REGISTRAR'S SIGNATURE Balto. Md. lia Dividson- Kandal Leonard J. Ruck, Inc.

REG. NO.

76 HOUR

87

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE (1)

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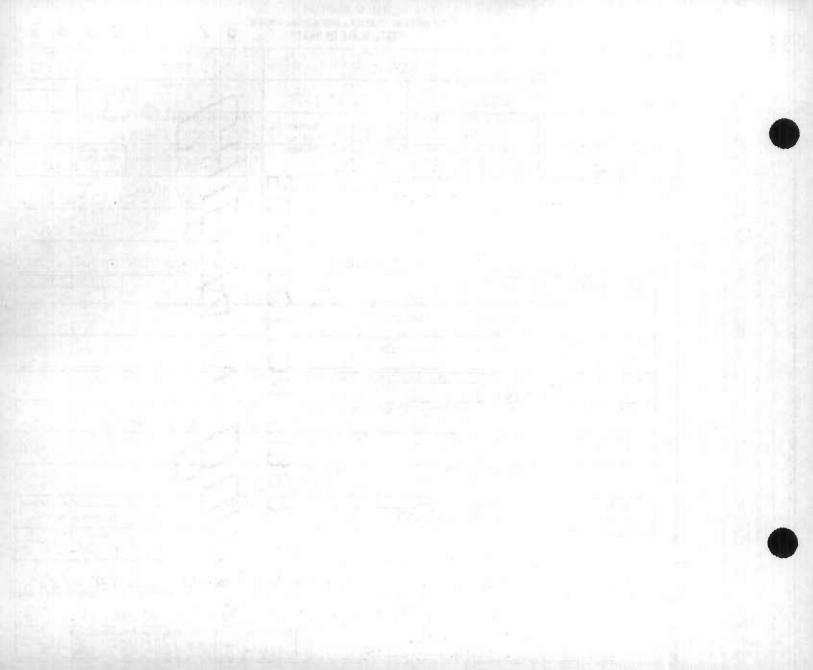
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		270 I certify that (I) (this hospital attended the deceased from May 17, 19, 87, to May 21, 19, 87, sow the deceased alive on May 21, 19, 87, and that in XXX (our) opinion death occurred on the date and hour and from obove, XI) (we) (XXX (did not) view the body after death.									17	that 😽 (we) last causes stated
		226. SIGNATURE	thia		res p	?, D,	PH	ENDING YSICIAN	MEDICAL STAI	FF CIAN (1)	May 2	21,1987
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runeral director
ConnellyFuneralHome 300MaceAve. 21221

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

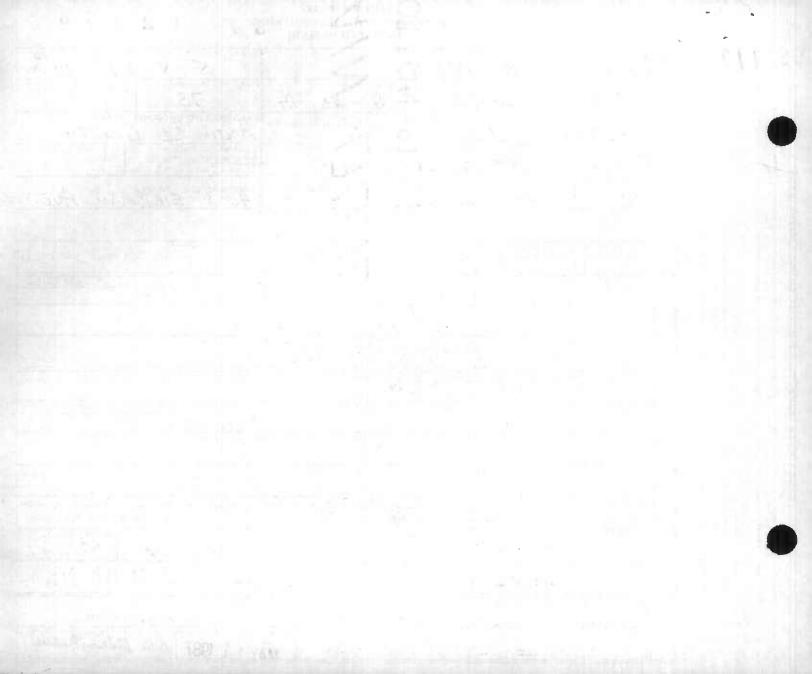
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DHMH - 16 60M 7/B4 (VRA 15, 4)		UNERAL DIRECTOR SOL 10 REISTERSTOW		N & BROS. LTO.M D(21215		TE REC'D. BY REGIST		STRAR'S SIGNAT		



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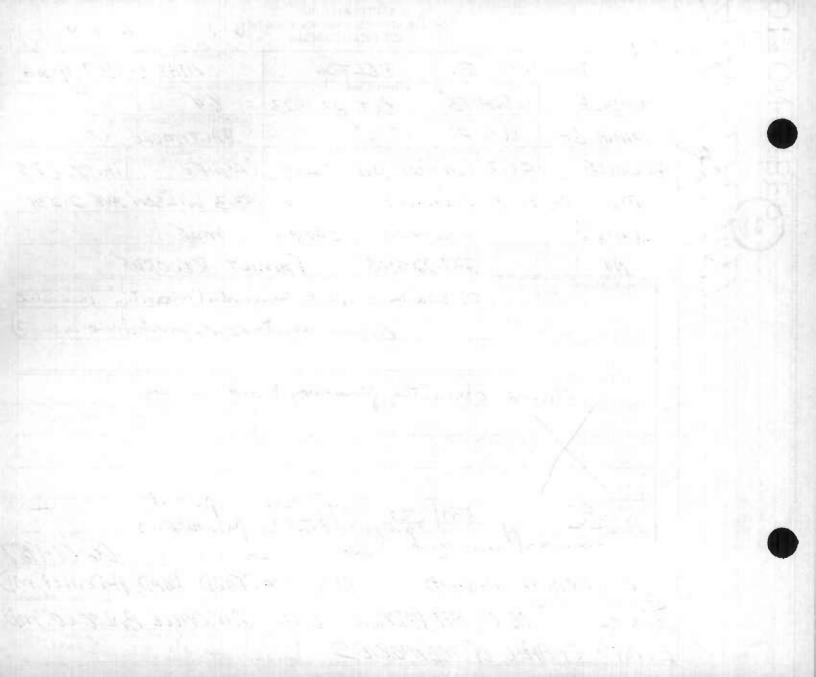
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR MIDDLE I DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) OF ESTI-DEATH MATED EDWARD! AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 3. SEX 4 RACE 5. DATE OF BIRTH 2c DATE MONTH YEAR LAST BIRTHDAY PRONOUNCED 12 12 16 7 GRS DEAD 76. CITIZEN OF WHAT COUNTRY? In BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED BALTIMORE COUNTY WIDOWED DIVORCED ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 126 KIND OF BUSINESS OR INDUSTRY JOSEPH TOWSON PUCK BOD RAIRS USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 13b. COUNTY 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 13c CITY OR TOWN YES [NO NI BALT BALT 9130 SPERL AVE 21234 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MAKE 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT ADDRESS 166 SOCIAL SECURITY NO (YES, NO OF BUKNOWN) (IF YES, GIVE WAR OR DATES) RESCURDS 217-09-5615 18. CAUSE OF DEATH (Enter only one cause per ling to (o), PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 DINER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (8) ASA LISED. 19g. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES 21g EXTERNAL CAUSE WAS 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 21e PLACE OF INJURY (AT HOME 21d INJURY OCCURRED 211 LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK Inspection FUNERAL DIRECTOR: ER DEATH, WITH THE S TIMORE, MARYLAND. 22a. I certify that I took charge of the remains described above, held an Autapsy Inquiry and in my apinion death resulted from Notural causes Suicide Homicide Undetermined manner DATE SIGNED EXAMINER'S NAME PAGE A TO FUR AFTER BALTIN TYPE OR PRINT ADDRESS 23c, NAME OF CEMETERY OR CREMATORY 23d LOCATION BP 1250 REGISTRAR'S SIGNATURE REC'DL BY REGISTRAR **DHMH-17** (VR A15 ME (5) 15M 2/80



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should be det with the State	DR.	GERALL) MAGGID	8100 H	ARFORD B	POAD, PARKVILL	LE, MI
	BURIT	AATION, REMOVAL	23b. DATE 2 06-03-1987	PARKLOOD CEM.	PARKVIL	LE BALTO C	o.mi
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 1. DECEASED NAME KNOWN LTYPE OR PRINTI ESTI-DEATH MATED & AGE (IN YEARS 3. SEX 5. DATE OF BIRTH IF UNDER 1 YR. DATE LAST BIRTHDAY) PRONOUNCED DEAD Male White June 30. 1908 9. BALTIMORE CITY OR COUNTY OF DEATH TO RIPTHPI ACE (STATE C WHAT COUNTRY? MARRIED NEVER MARRIED FOREIGN COUNTRY! WIDOWED & DIVORCED Baltimore County Virginia United States ID CITY OF TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY OR MOST OF WORKING LIFE) 2950 Cornwall Road Dundalk Aeronautical USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Dundalk 2950 Cornwall Road / 21222 Maryland 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST Tinknown LAST Unknown 17. INFORMANT ADDRESS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO (IF YES, GIVE WAR OR DATES) 216-03-5496 No Jean H. Martin 2954 Cornwall Road/21222 18 CAUSE OF DEATH (Enter only one cause per line APPROXIMATE INTERVAL br (a), (b), and (c),) BETWEEN ONSET AND DEATH ED AS A BURIAL - TRANSIT PERMIT HEALTH AND MENTAL HYGIENE, AL CREMATION, OR REMOVAL. PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M 19 21e PLACE OF INJURY LATHOME. 211 LOCATION STREET, FACTORY, FARM, ETC.1 STREET CITY OR TOWN COUNTY STATE NOT WHILE AT WORK EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PY AFTENDEATH, WITH THE SY BARTIMORE, MARYLAND, 2 220 I certify that I took charge of the remains described above, held on Autopsy Inspection L death resulted fram: Natural causes Hamicide EXAMINER'S NAME 2112 TYPE OR PRINT 236 LOCATION 230.BURIAL, CREMATION, REMOVAL 236 DATE 23¢ NAME OF CEMETERY OR CREMATORY May 30,1987 Gardens of Faith Cemetery Rosedale Burial Baltimore Md. BP BY REGISTRAR 256 REGISTRARIS SIGNATURE 24 FUNERAL DIRECTOR wa Davidson- Kandall DHMH - 17 Walter Brooks Bradley, Inc. Dundalk, Md. 21222 (VR A15 ME (5)) 20M 4/B2

Old Eastern Ave. MAY

hima Davidson-Randell.

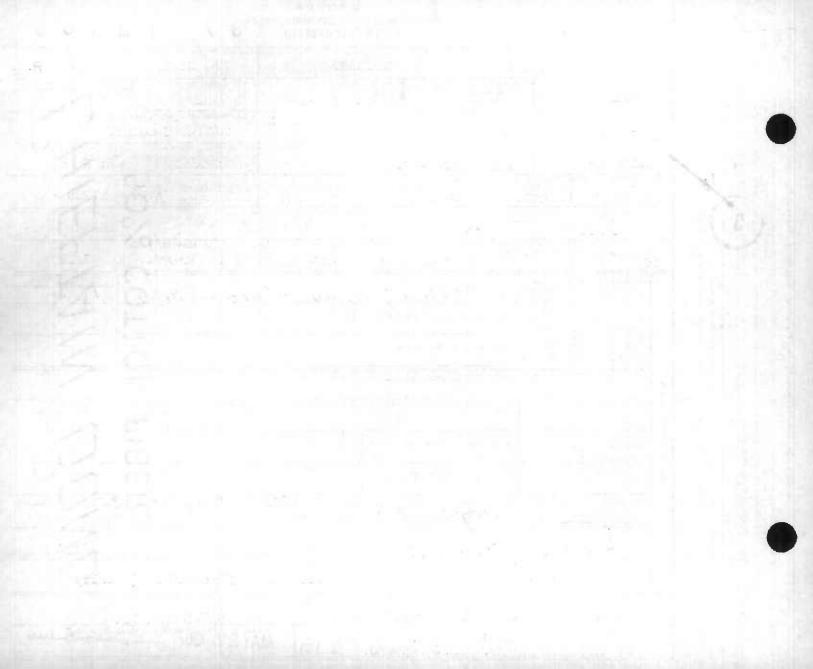
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(VRA 15, 4)

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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE &

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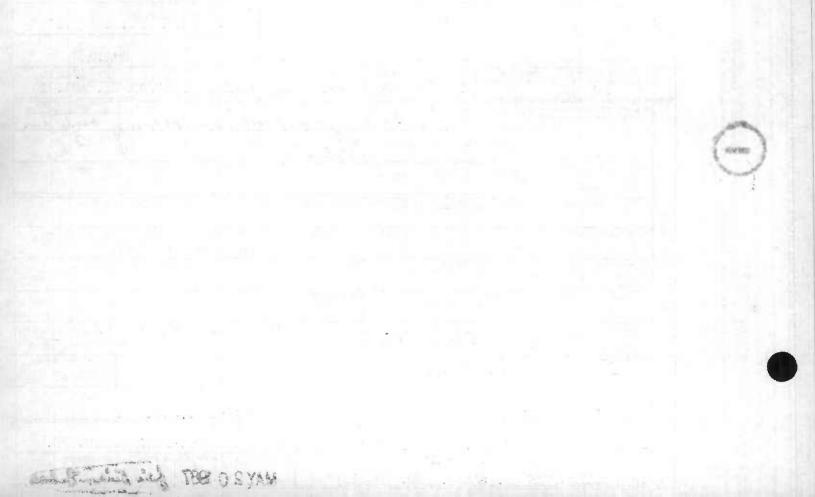
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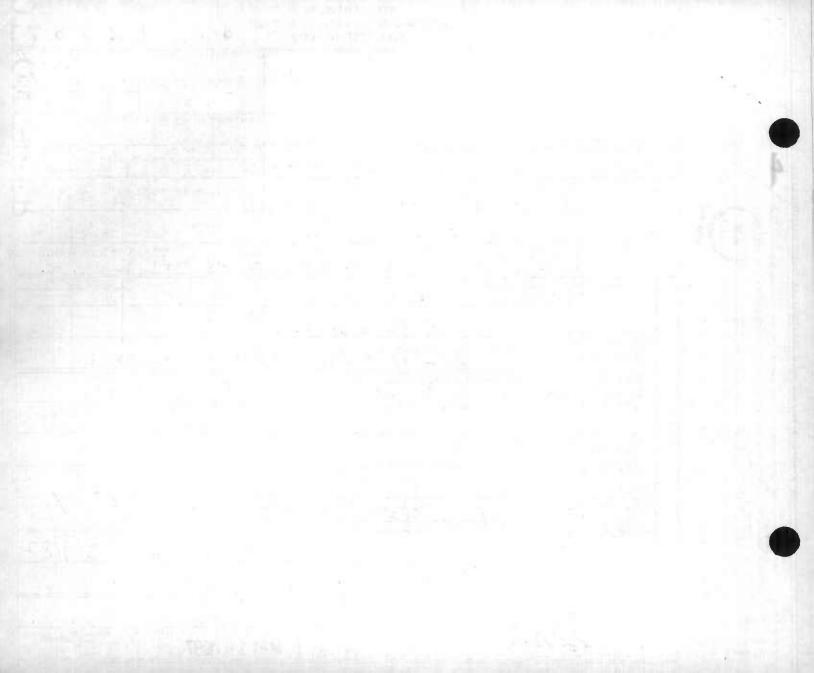
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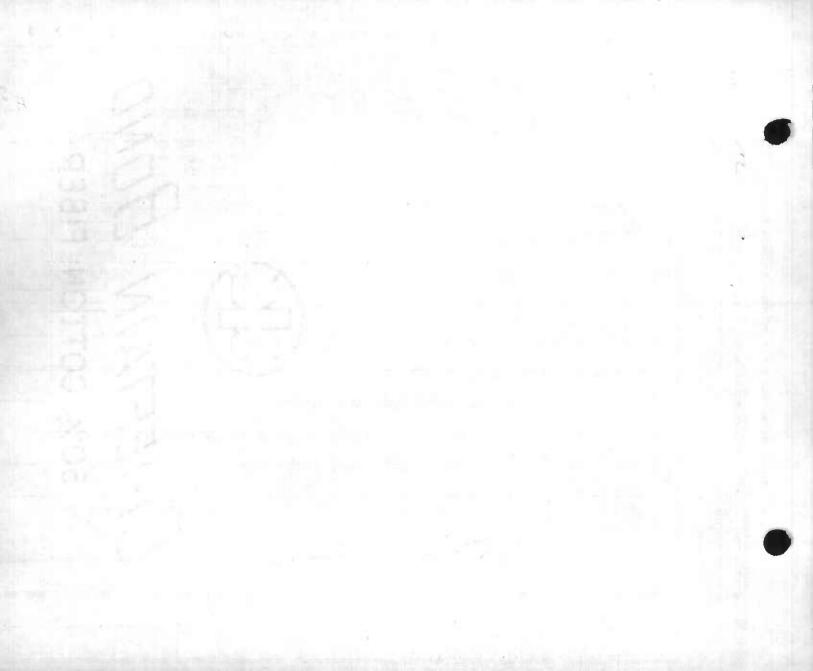
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24 FUNERAL DIRECTOR

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2	EXAMINER'S	NAME Ann	M. Dixon	, M.D.				111 F								
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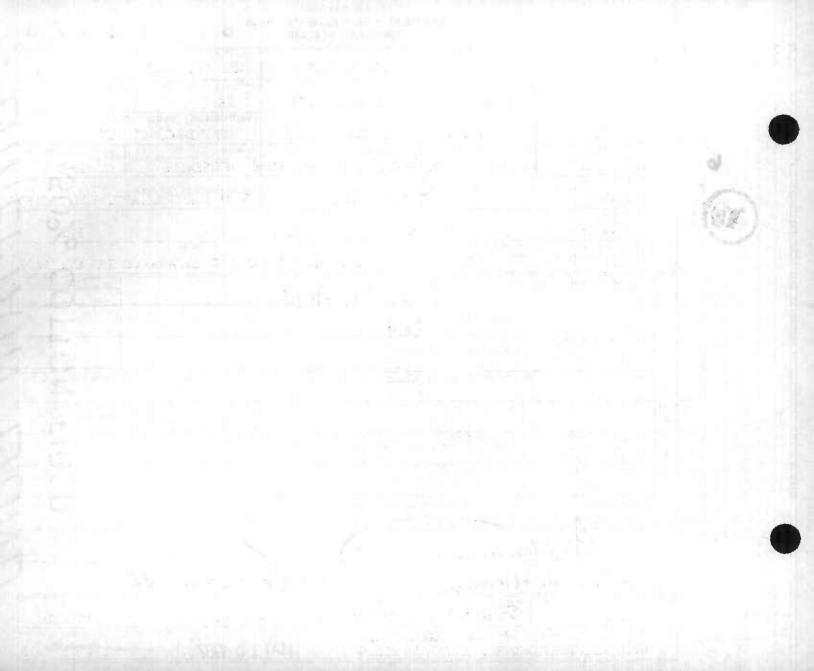


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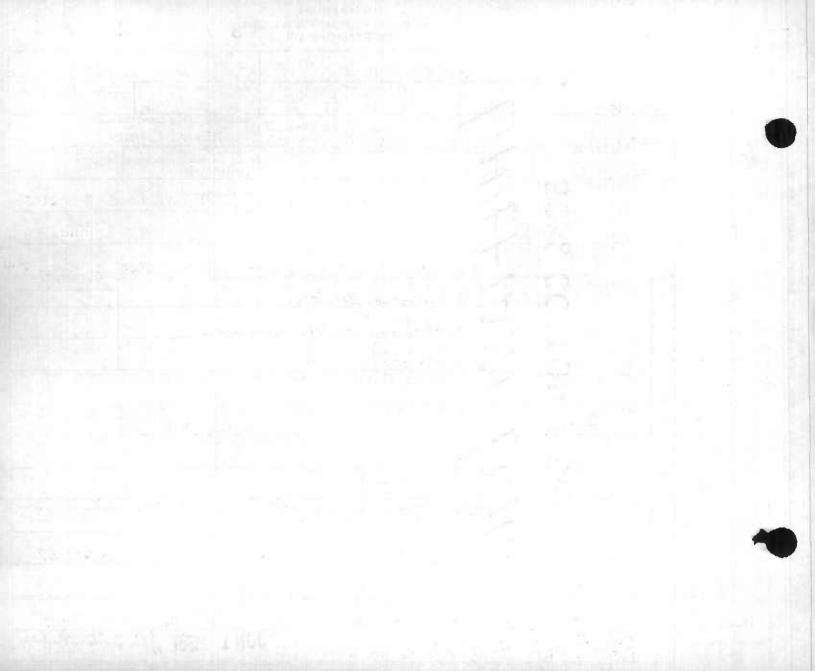
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E 21	-	abave (I) wet Aid id d no	1) view the body after death.		death accurred on the date and ho				
H hem		77h SIGNATURE	97 11	DEGREE ATTENDING	MEDICAL STAFF	221 DATE SIGNED			
		Much wef	L. Hayes, M. V.	PHYSICIAN	DIRECTOR PHYSICIAN	5/25/87			
IMPORTANT		224 PHYSICIAN'S NAME (1991)	a market)	22e ADDRESS	Λ	1			
2		MIChBEL	G. 14A455	\$27 LIN	DEN AVE., 1	DALTO., UND			
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 2a DATE OF DEATH MONTH 2h HOUR (TYPE OR PRINT) Boyd Emily West 21 1987 May 9:30 4 RACE DATE OF BIRTH A. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR 3 SEX IF UNDER 24 HRS MONTH YEAR DAY White 12 21 02 84 Female TO BIRTHPLACE ISTATE OF FOREIGN 7h CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Baltimore County USA Maryland WIDOWED DIVORCED [IO CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 17h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) INDUSTRY Cockeysville Broadmead Housewife Homemaker 136 COUNTY 13801 York Road 134 INSIDE CITY LIMITS? 8-A 21030 Cockeysville Baltimore NOX Maryland FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Wynn Florence West John Henry 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT ADDRESS 16h SOCIAL SECURITY NO NO OR UNKNOWN NO. 220-54-9859 Mrs. Caroline Stellmann 2004 Mt. Royal Ter APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for to), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0 DUE TO OR AS A CONSPOUENCE OF Conditions, if any, which gove rise to immediate couse (o), stoting DUE TO, OR AS A CONSEQUENCE OF underlying couse lost DIVISION OF VITAL RECORDS, 201 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 ID CERTIFICATION 19a DATE OF OPERATION 19L CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOD NO [216. TIME OF INJURY 210. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 21d INJURY OCCURRED 211. LOCATION 21e PLACE OF INJURY COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN STATE NOT WHILE 22a.1 certify that (1) (this haspital) attended the deceased from sow the deceased alive on 5/8/8/60 above, (I) (we) (did) (did not) view the body after death and that in (my) (our) apinion death occurred on the date and hour and from the causes stated 226 SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN FUNERAL Uld be deto 22e ADDRESS 22d. PHYSICIAN'S NAME (TYPE OFFRINT) IMPORTA 11 E. Chase Street shoul with William G. Speed, M.D. 23d LOCATION 23a BURIAL CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY Cremation 5-23-87 Westview Crematory Catonsville Balto. Md. DHMH - 16 60M 7/84 Clary 10 W Padonia Road (VRA 15, 4)



3. SEX

couse (a), stating the

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

236. BURIAL, CREMATION, REMOVAL

BURIAL

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR I DECEASED NAME FIRST 2a. DATE OF DEATH [TYPE OR PRINT] MAY 10, 1987 4:58AM BENJAMIN BOZARTH, JR. G. 4 RACE 5 DATE OF BIRTH 6 AGE IN YEARS LAST BIRTHDAYS IF UNDER 1 YEAR MONTH YFAR White Male June 5. 1905 YRS To BIRTHPLACE ISTATE OF FOREIGN 7b. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED U.S.A. New Jersev WIDOWED Baltimore County, ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12e USUAL OCCUPATION 126 KIND OF BUSINESS OR INDUSTRIShoes (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE Joseph Hospital E.R. Superintenden Towson USUAL RESIDENCE LIF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS 136 COUNTY 13c CITY OR TOWN 113d. INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE Baltimore Maryland 21239 6920 Donachie Rd. 21239 NOT 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME ALICADI E FIRST Benjamin G. Bozarth, Sr. Reese Anna Thompson 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS 21239 No Irene G. Bozarth 6920 Donachie Rd. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and ic PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Herntowa Canditions, if any, which gave rise to immediate

underlying cause last. Acesta PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a CERTIFICATION 190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES [NO [718 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) PM 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211. LOCATION CITY OF TOWN COUNTY I AT HOME, STREET, FACTORY OFFICE FARM ETC 1 STREET STATE NOT WHILE AT WORK 220.1 certify that (1) (this haspital) ettended the deceased from, sow the deceased alive on. , and that in (my) (our) opinion death occurred on the date and have and from the causes stated obove, (1) (we) (did) (did nat) view the body after death 226. SIGNATURE 22c DAJE SIGNED

27e ADDRESS

FAITH

230 NAME OF CEMETERY OR CREMATORY

GARDENS OF

DHMH - 16 60M 7/84 (VRA 15, 4)

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24 FUNERAL DIRECTOR WILLIAM E. JOHNSON 8521 LOCH RAVEN BLVD

Donald T. Weglein, M.D.

23b. DATE

DUE TO, OR AS A CONSEQUENCE OF

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

220 W. Cold Spring Lane 235-7222

BALTIMORE CO.

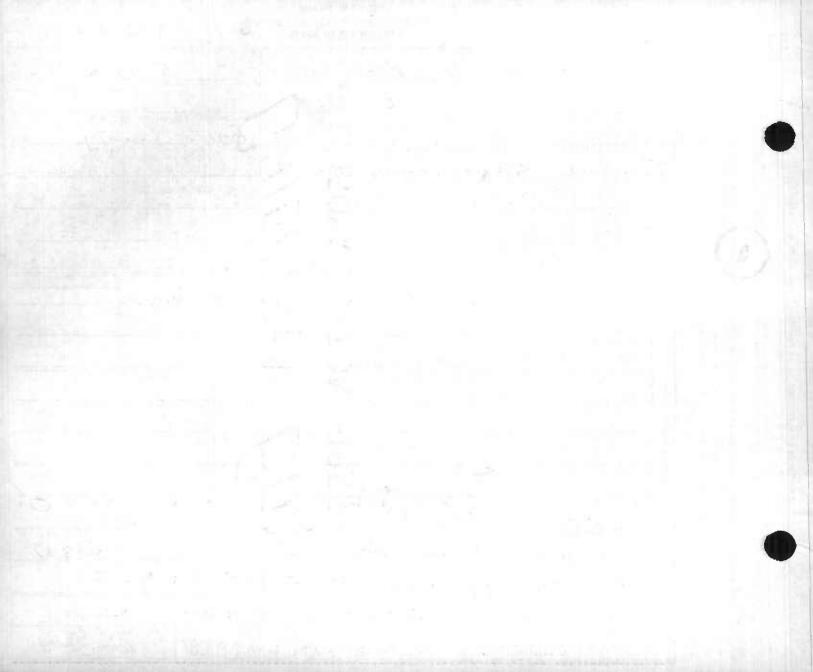
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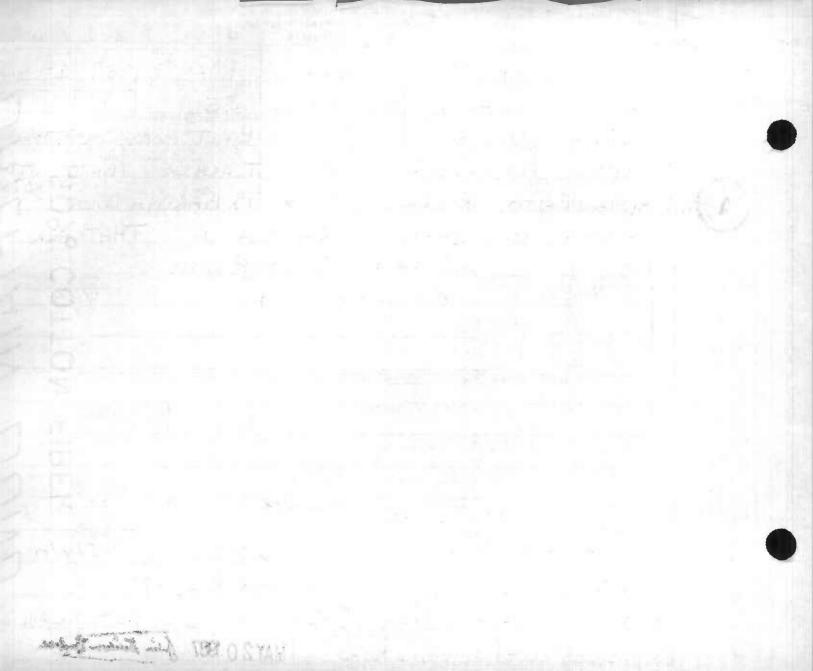


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	page 3	2	SEX	1. RACE	S. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	18 87 10'3 M
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	ofter do	10	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING	G HOME OR OTHER INSTITUTION	170 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK!)	126. KIND OF BUSINESS OR
120	ours of file	U	UAL RESIDENCE (IF NURSING HOME O	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE		Inspector .	Instrument
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RYL	th 2 s 2 s	14	FATHER'S NAME FIRST	MIDDLE LAST	15 MOTHER'S MAIDEN NA	AME	LAST
W.	1 32		Walter	E. Bradfor		A.	Weir
MORE		16	WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) Yes, W. W. W.	IVE WAR OR DATES)		ADDRESS Bradford 1615	Naturo Rd.2120
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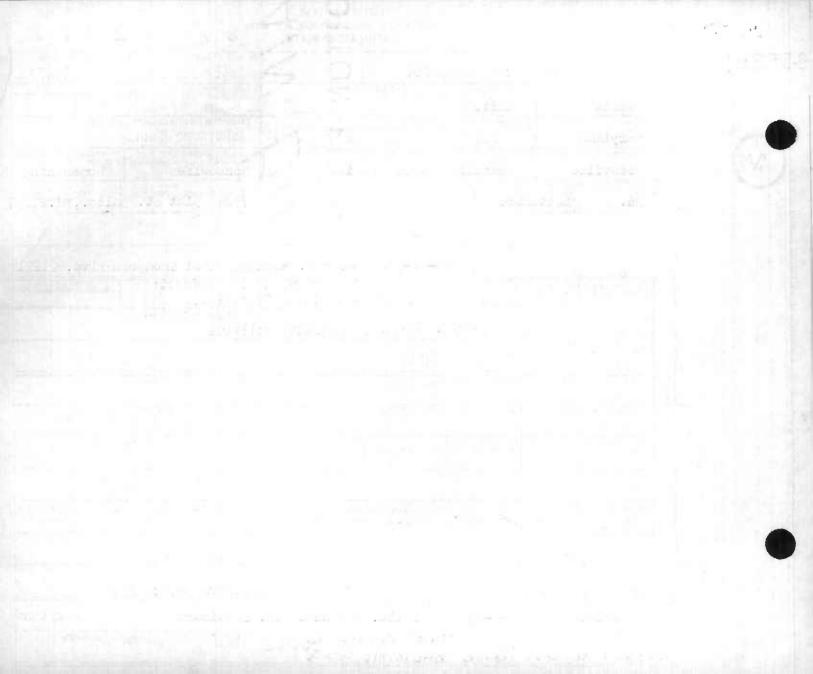


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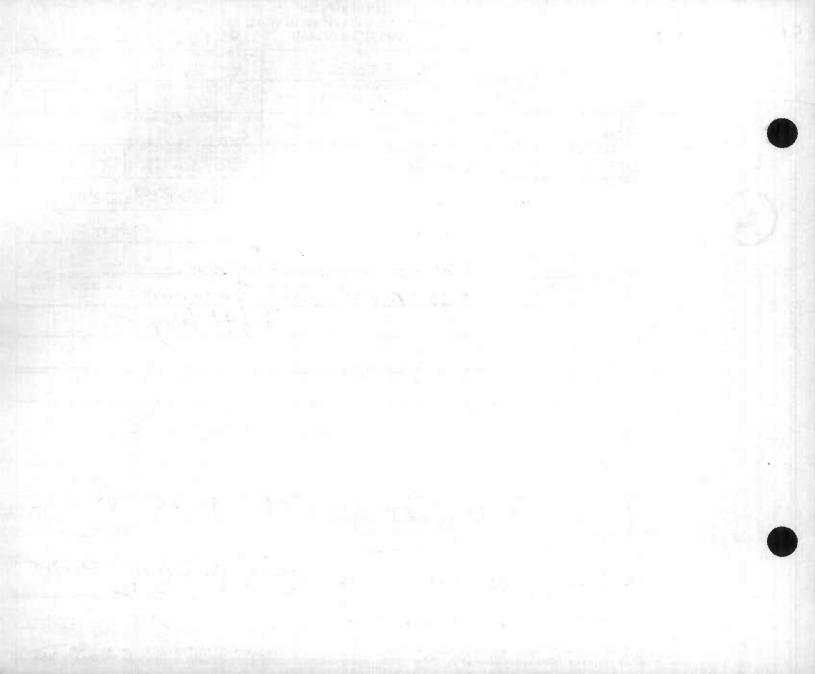
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	DHMH - 16 (INERAL DIRECTOR			ADDRESS		25	DATE F	REC'D. BY REGISTRAR	25b. REGISTRAR'S	SIGNATI	JRE
	(VRA 1	5, 4)	Cc	nnellyFune	ralHc	me 300M	aceAve.	21221		MA'	y 2 8 1987	Alea Dea	iden	Pandall



FOR

REGISTRAR

- STATE

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DHMH - 16 60M 7/84 (VRA 15. 4)

BALTIMORE 126 KIND OF BUSINESS OR 17a USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY IIDC 13e.STREET ADDRESS / ZIP CODE 2950 Mosher LAST Putnmy 219-28-7763 Martha Anderson 4311 Pimlico METASTATIC CANCER OF THE TONGUE PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO [CITY OR TOWN COUNTY STATE and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED STAFF PHYSICIAN DIRECTOR PHYSICIAN 230 BURIAL CREMATION, REMOVAL 23b. DATE 23. NAME OF SEMETERY CROSSEMATORY 23d LOCATION I SPECIFY) CITY OR TOWN Balton Burial 5-30-87 Md . 24 FUNERAL DIRECTOR 250, DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE CarTton C. Douglass 1701 McCulloh St.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

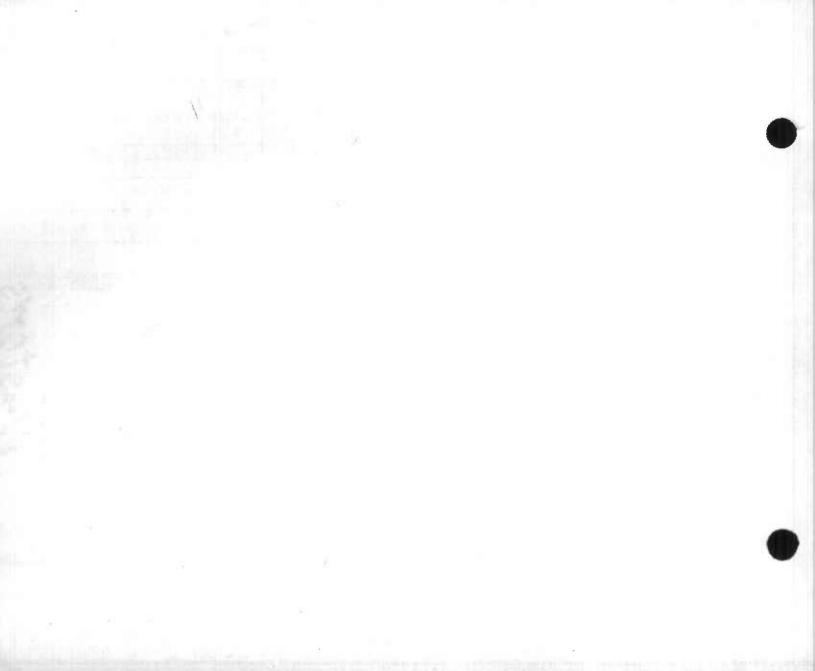
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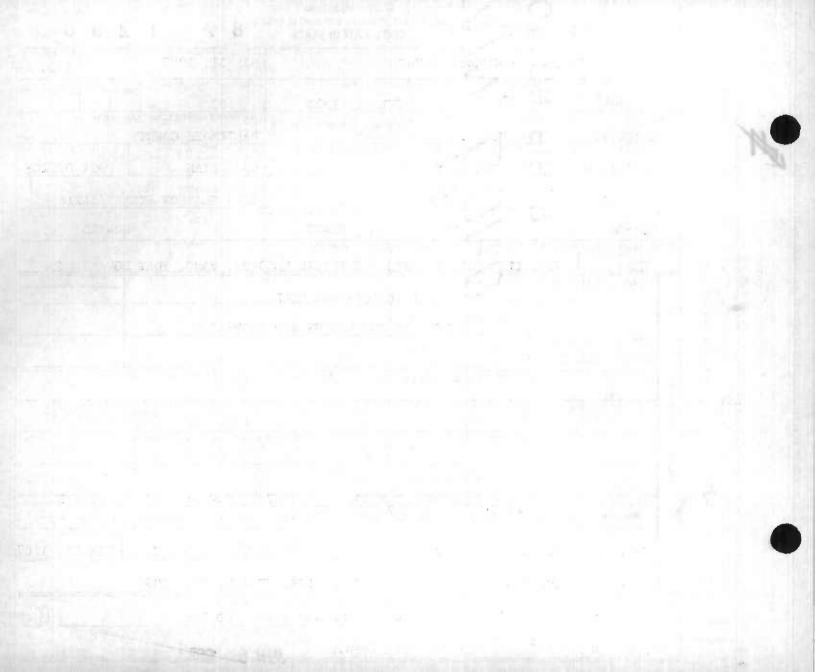
23-87

IF UNDER 1 YEAR

IF UNDER 24 HRS



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STATE OF MARYLAND FOR STATE REGISTRAR

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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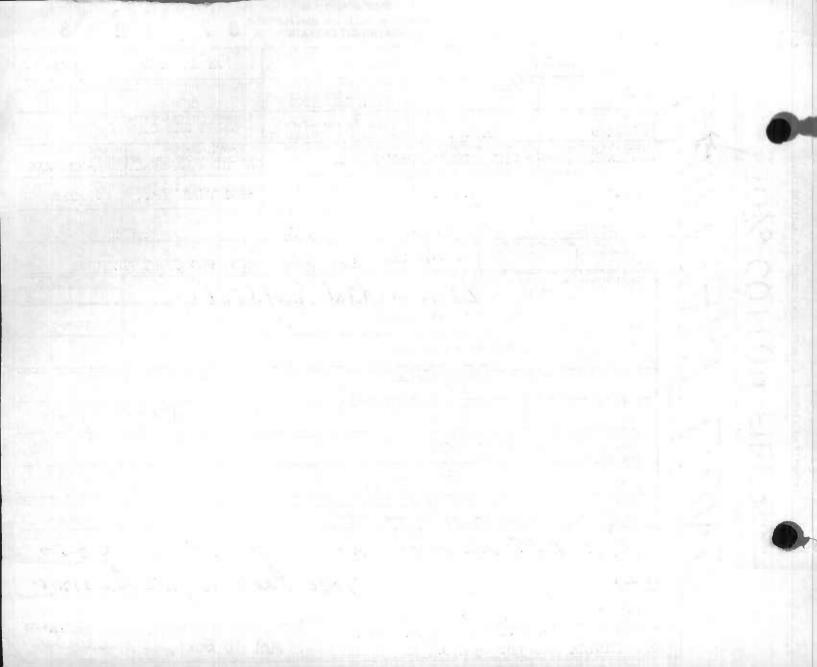
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DHMH - 16 60M 7/84 (VRA 15, 4)



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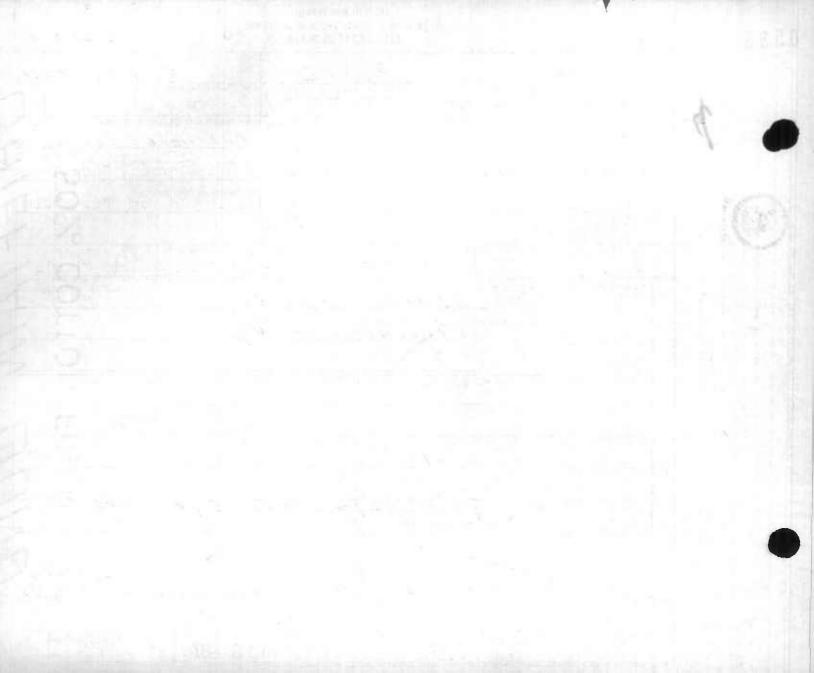
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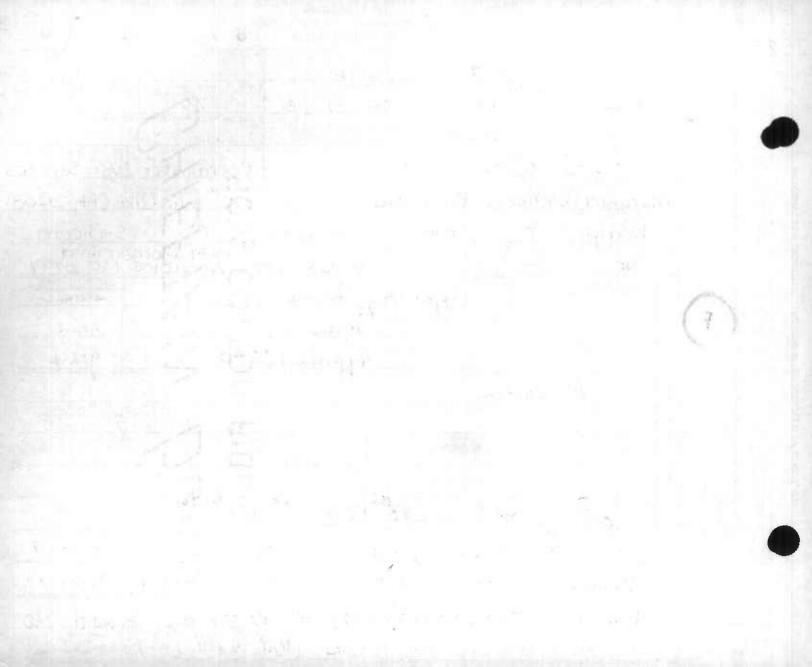
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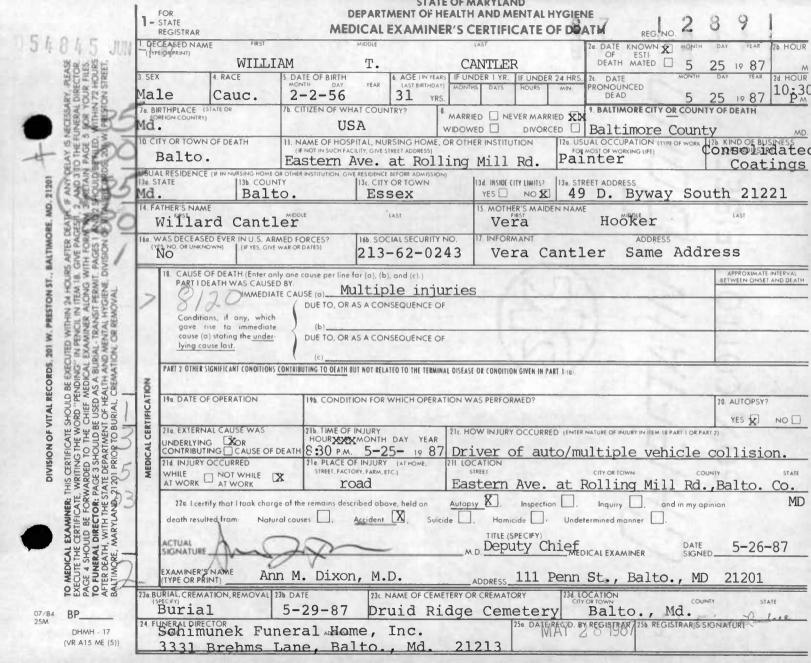


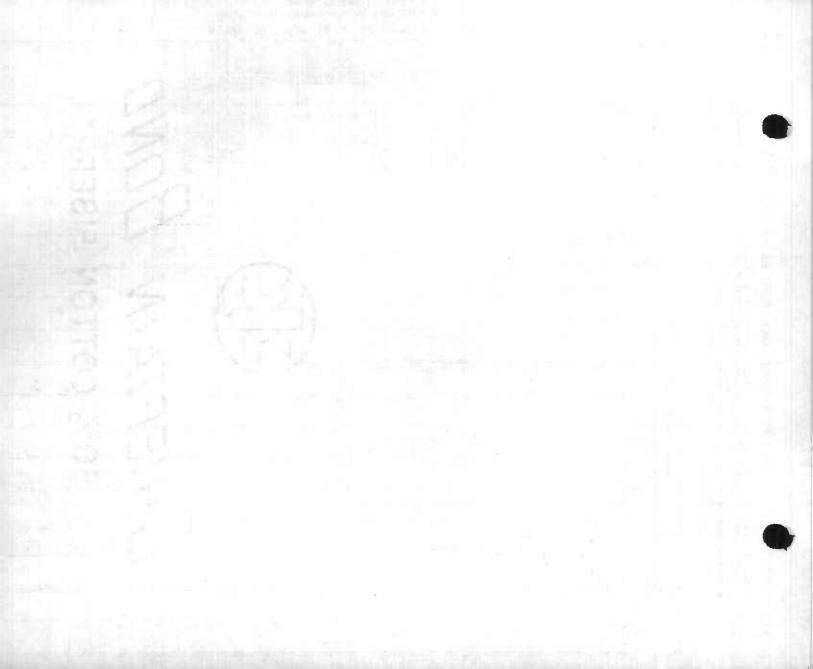
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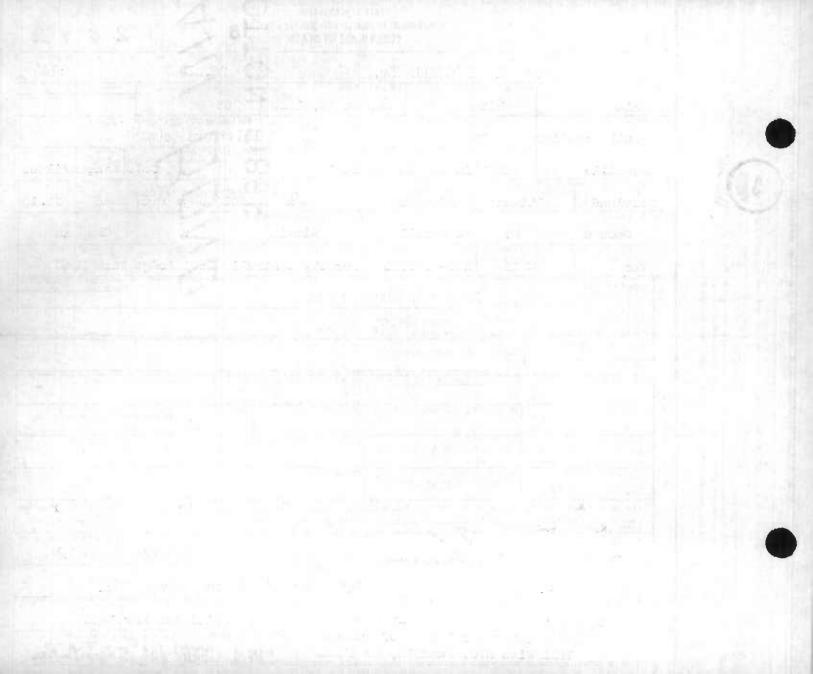
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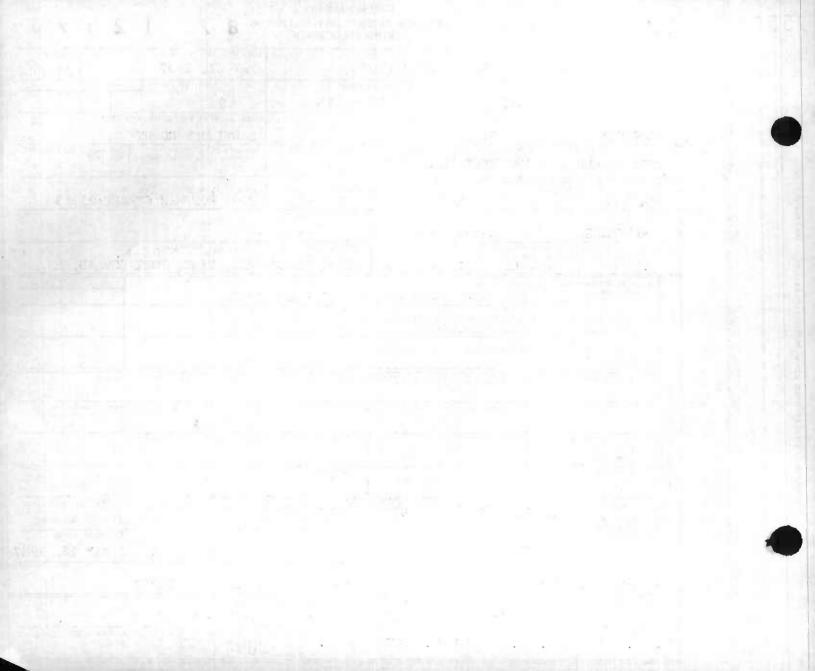
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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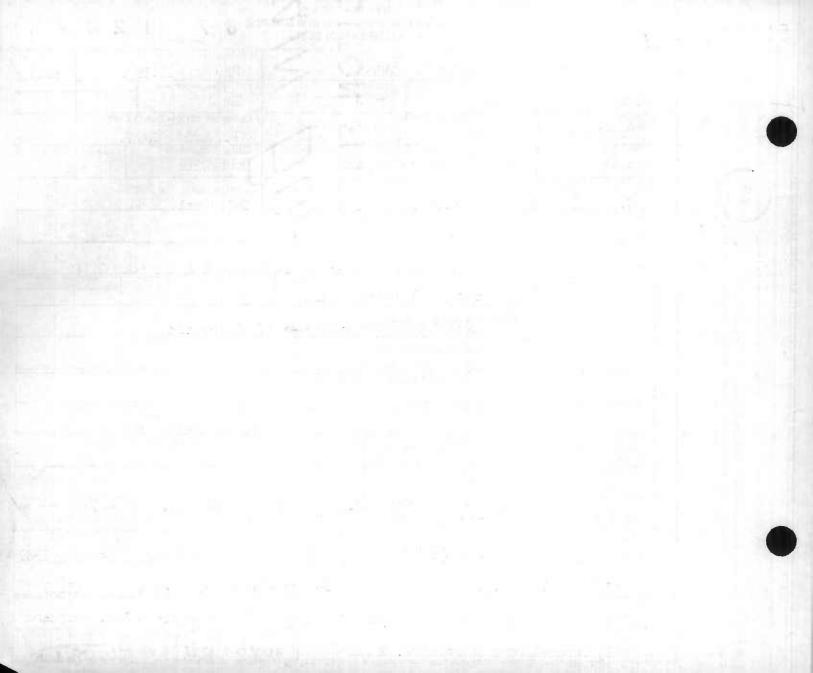
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	(
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 054875 JULI - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1 DECFASED NAME FIRST 2a. DATE OF DEATH MONTH 26 HOUR (TYPE OR PRINT) death Ruth Doris CARROLL 21,1987 May 4:00p M 3 SEX 4 RACE 5. DATE OF BIRTH IF UNDER 1 YEAR YEAR May 4 1937 Female White 50 TO BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH Maryland MARRIED NEVER MARRIED USA Baltimore County WIDOWED DIVORCED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 176 KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE)
HOUSEWITE Franklin Square Hospital Rossville USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130. STATE 136 COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE 5805 Tytle Road 21162 Md BAlto WhiteMarsh YES [NO* 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST Michael Kraft Schisler Margret 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16h SOCIAL SECURITY NO Poges pup IYES. NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 217-34-6579 Kenneth Carroll 5805 Lvtle Road 21162 no APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY: cardiopulmonary arrest IMMEDIATE CAUSE (o). atic DUE TO, OR AS A CONSEQUENCE OF troum Metastatic carcinoma of the breast Conditions, if any, which gove rise to immediate other couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost ö ple PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION peen 9ª DATE OF OPERATION 20b. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? ď IN CERTIFYING CAUSES OF DEATH? per NOF YES [NO [Hygie certificate 71a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR orial-tre ental OR CONTRIBUTING CAUSE OF DEATH OF EITHER NOTIFY MEDICAL EXAMINER P.M 19 5 21d INJURY OCCURRED 21e. PLACE OF INJURY 21f LOCATION CITY OR TOWN COUNTY STATE morked AT HOME STREET, FACTORY, OFFICE, FARM, ETC 1 NOT WHILE 22a. I certify that XI (this hospital) attended the deceased from May saw the deceased glive on May 21, May 87., that (Ix(we) last sow the deceased alive on May 21, above, (IXwe) (did) XIX Xot) view the body after death. and that in (mx (our) opinion death occurred on the date and hour and from the causes stated 226. SIGNATURE DEGREE 22c DATE SIGNED MEDICAL ATTENDING STAFF should be detained with the Stote C May 21, 1987 PHYSICIAN DIRECTOR PHYSICIAN 22 PHYSICIAN'S NAME (TYPE OR PRINT) 27e ADDRESS Bradley Spitz, N.D 9000 Franklin Square Drive 21237 23a BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 236. DATE (SPECIFY) MiddleRiver Balto. Maryland 5/26/87 HollyHillCemetery Burial 24 FUNERAL DIRECTOR 25a DATE REC'D REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 Connelly Funeral Home 300MaceAve. 21221 (VRA 15, 4)



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Mary Carlot X

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE REGISTRAR MIDDLE I. DECEASED NAME 20. DATE KNOWN MONTH TYPE OR PRINT ESTI-MAMYE CLAIBORNE E 5 FOR YOUR FILES.
DOWNTHIN 72 HOURS
W. RRESTON STREET, F. DEATH MATED 4 RACE 6. AGE (IN YEARS 3 SEX DATE OF BIRTH IF UNDER 1 YR. IE LINDER 24 HRS DATE YEAR LAST BIRTHDAY PRONOLINCED CAUC Oct.3,1901 FEMALE. 85 DEAD TO BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) U.S. A. BALTIMOR E COUNTY Maryland WIDOWED W DIVORCED O CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION ITYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY TOWSON GBMC-6701 N.CHARLES ST. Retired Teacher School School USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 1136 COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS YES NO I 814 Mockingbird Lane 21204 Baltimore Maryland Towson 4. FATHER'S NAME IS. MOTHER'S MAIDEN NAME FIRST MIDDLE LAST MIGGLE John B. Foard.Sr. Mina B. Bevans 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 7 INFORMANT Hydes, Md. Foard -5838 Williams Rd. 21082 231-40-9830A CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I DE ATH WAS CAUSED BY IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF E USED AS A BURIAL FOF HEALTH AND ME (RIAL, CREMATION lying cause last. CONTRIBUTING TO DEATH BUT NOT BELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 100 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? NER: THIS CARE WRITING THE WEST CARE WRITING THE CHIE FORWARDED TO THE CHIE TOR: PAGE 3 SHOULD BE USE STATE DEPARTMENT OF THE CASE TO BURE TO UNDERLYING OR 126986 CONTRIBUTING DEAUSE OF DEATH P.M. THY 1 29 21f LOCATION EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNCTIONE PAGE 31 AFTER DIRECTOR: PAGE 31 AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P. FACTORY, FARM, ETC.) NOT WHILE AT WORK AT WORK 220 I certify that I took charge of the remains described above, held an Autapsy Inspection and in my apinian death resulted fram Natural causes Hamicide Undetermined manner TITTE (SPECIFY) MEDICAL EXAMINER EXAMINER'S NAME Charles F. O'Donnell.M.D. 7501 York Rd., Towson, Md. 21204 (TYPE OR PRINT) ADDRESS 230 BURIAL, CREMATION, REMOVAL 236, DATE 23d LOCATION STATE Parkville. 5-9-87 Parkwood Cemetery Burial Balto. Md. BP_ 1050 York Rd. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR **DHMH-17** (VR A15 ME (5)) Ruck Towson Funeral Home, Inc. Towson, Md. 21204 15M 2/80

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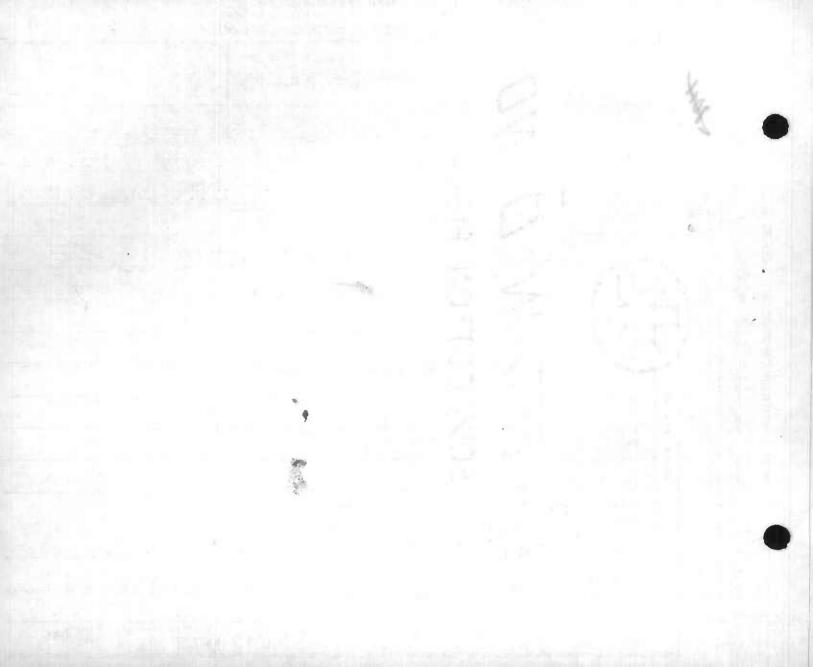
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Softer of the so	10	Rossville	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH PACILITY GREET FRANKLIN SQU	NG HOME OR OTHER INSTITUTION ADDRESS! Hospital	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W	
AND 212		UAL RESIDENCE (IF NURSING HOME OF STATE 136 SOUN	other institution, give residence before NTY 13c. CITY OR TOW timore Essex		130 STREET ADDRESS / Z	p cope packer Rd. Apt. E
MARYLA ed within and est	0"	FATHER'S NAME Harry W	middley Clarica	ge Emma		Keeney
BALTIMORE, cote be execut sysicion and ca ppers. Pages 1 val.	160	WAS DECEASED EVER IN U.S. AR (YES, NO DI UNKNOWN) IIF YES, GIV	MED FORCES? 166 SOCIAL SECU E WAR OR DATES) 213-18-	17 INFORMANT Frank Claric	dge 7153 Easa	tbrook Ave. 21224
ST., BALT retificate by physicia an popelis emaval. event, the			ly ane cause per line far (a), 16), an D BY. E CAUSE (a) Cardiac /	dicas		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PRESTON he death co emaye carb matian, ar		Conditions, if any, which gove rise to immediate	DUE TO, OR AS A CONSEOU	ence of i lure		
by the series of the other		couse (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE	ence of		
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ALRECORDS he law requi ton. has been sig	PERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	YES NO	Db. IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH? YES NO NO
OF VII. OF VII. Dehysic physic of trans ntol Hyg er 18 sh	7	OR CONTRACTOR CHIEF OF DE	HOUR A.M. MONTH D.	AY YEAR 19	RED (ENTER NATURE OF INJURY IN	HIEM 18 PART 1 OR PART 2)
DIVISION OF NG PHYSICIA The this certificate this certificate the buriols the door when door there.	MEDICAL	21d INJURY OCCURRED WHILE OF WHILE OF ALWORK	21e. PLACE OF INJURY LATHOME STREET, FACTORY, OFFICE, F	211 LOCATION	CITY OR TOWN	COUNTY STATE
TTENDIN pital or TOR: Aff far use a of Health	8	27a I certify that (I) (this haspi saw the deceased alive an abave, (I) (we) (did) (did no	May 5	May 4 87 87 and that in (my) (our) apinion	to May 5 death occurred on the date	ond hour and from the couses stated
At OR A the hos detoched detoched it: If them	,	776. SIGNATURE	1 104eppl 1	DEGREE ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	224. DATE SIGNED 5/5/87
TO HOSPITA etoined by TO FUNERA should be de		Dr. S. Toueg	RPRINT) ., MD	22e ADDRESS	in Square Dr	
₽ ₽ ₽ ₩ 3 ≧ 7 BP	230	BURIAL, CREMATION, REMOVAL BURIAL		NAME OF CEMETERY OR CREMATORY Lair Menrorial Gard	l. Belair. Ha	rlord Co. Md. STATE
DHMH - 16 60M 7/8 (VRA 15, 4)	34 24	funeral director Charles S. Zeile	er & Son Inc.º622	25a. DAT	AY 6 1987	

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TIFING THE	W 1 - 3		death resulte	d fram:	Noture	il couses	X_	Accident	L.	Suicide		Hamicio		Undete	rmined m	onner	_].				
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52	PAGE 4 SHOULD B TO FUNERAL DIREC AFTER DEATH, WITH BALTIMORE, MARY		URIAL, CREMAT						NAME OF C	EMETER					CATION			COUN	==		
07/84 BP			BURIA			/11/8			ARRIS	ON FY	ORRES				LTIM					MD.	AIE
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(VR A	A15 ME (5))		3331 I	3rehn	ns La	ne, E	Balto	o. Mo	. 212	13			MAY	12	1987			6.829	-10	· locario	AIT



	on on		3 SE	X	4 RACE		5. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIRT	
311-	ge 4 per rs ofti	14	,	male	White		6-4	4-1894 YEAR	92	YRS MONTHS DAYS
-	Pour Pour	5/		RTHPLACE (STATE OR FOREIG		WHAT COUNTRY?	8 AAA DDIE	NEVER MARRIED	9 BALTIMORE CITY OF	COUNTY OF DEATH
	leoth	35	100	Balto. MD.		S.A.	WIDOWE	DE DIVORCED	Baltimon	ce County
	le le	50	90. CI	TY OR TOWN OF DEATH	11. NAME OF I	HOSPITAL, NURSING THE FACILITY, GIVE STREET A TOSEPH	DDRESS)	OR OTHER INSTITUTION	12a USUAL OCCUPATION OF OF WORK FOR MOST OF	
201	5.5	90	100	BAltimore AL RESIDENCE (IF NURSING HO		-		Spital	Steamship T	Rade Assn.
AND 21	24 ho	55	13a S		COUNTY	13c. CITY OR TOWN Baltime		13d. INSIDE CITY LIMITS? YES \(\bigcirc \) NO \(\bigcirc \)	13e STREET ADDRESS / 1532 Waver	Ly Way-21239
RYL	1	EN	14 FA	ATHER'S NAME FIRST	MIDDLE	LAST		15. MOTHER'S MAIDEN NA		IAS
*	p Li	300	1	William		Clea	су	Elizabeth	LEwis	
ORE,	ond	1 dico		VAS DECEASED EVER IN U.	.S. ARMED FORCES? YES, GIVE WAR OR DATES)	16h SOCIAL SECUI		17 INFORMANT	ADDRE	p-
LTIMORE	S. Po	E		Yes	WWI	197-01-2	838	MR. J. Kenne	th Cleary -	
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¥.	y the	ther		couse (a), stating t underlying couse lo		R AS A CONSEQUE		101 10	-14	
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DS,	sign sign hen to bu	Annle	Z	PART 2. OTHER SIGNIFIC	ANT CONDITIONS CO	DATRIBUTING TO D	EAIH BUT	NOT KELATED TO THE TERM	INAL DISEASE OR CONL	DITION GIVEN IN PART TO
SO	been mit. I	À	CERTIFICATION	190 DATE OF OPERATION	19b COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FINDIN
AL RE	he lo on. hos t per	SM /	TIFIC		a labor for Francis				YES NO	IN CERTIFYING CAUSES YES
VIT.	N. T.	200	CER	210. ACCIDENT WAS UNDERLYED	110110		Y YEAR	21c. HOW INJURY OCCURE	ED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I OR PART ?)
PO.	g pl	E /	CAL	OR CONTRIBUTING CAUSE	OFDEATH		19			
DIVISION	this of the bud wid Ma	10 P	MEDICAL	21d. INJURY OCCURRED	21e. PLACE (OF INJURY REET, FACTORY, OFFICE, FA	RM, ETC)	711 LOCATION STREET	CITY OR TO	vn COUNTY
NIO	The standard	orke	-	MHILE NOT WHILE						
	OF O	ē.		220-1 certify that (1) this	pm / 11	e deceased from	5	19 87		19 8, 6
	Spir Screen	a 21			did nat) view the body		, , ,	nd that in (my) (our) apinion (death accurred on the do	
	he h	# #		226 SIGNATURE	16 G.	4 00	M	ATTENDING	MEDICAL STAF	F 22c DATE
	by the	5 7		22d PHYSICIAN'S NAME	(Type OR PRINT)	mon	11	PHYSICIAN X	MEDICAL STAF	IAN [5/11
	Ped Notes	J SRI		1	110	10000111	M	000	Sin area	aca. Dag.
	0 8 2 2 1	1		KRISTIN	IL VIE	NCKSON	1,0	01/0260	n therage	MALLOOM

FOR

- STATE

(TYPE OR PRINT)

REGISTRAR

FIRST

0380

DECEASED NAME

STATE OF MARYLAND

CERTIFICATE OF DEATH

LAST

W.

(leary

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2b. HOUR

REG. NO. 20 DATE OF DEATH MONTH YEAR

IF UNDER 1 YEAR

9 IF UNDER 24 HRS

12b. KIND OF BUSINESS OR

REtired

LAST Apt. 1204

15 Charles Plaza

	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
taging unangluc	Thour
E OF	
ary artery disease	
scinted with old age	

206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES | NO I RY IN ITEM 18 PART I OR PART 21

ote and hour and from the causes stated

STATE

22c DATE SIGNED 8

230 BURIAL, CREMATION, REMOVAL 236. DATE (SPECIFY)

Burial

23c NAME OF CEMETERY OR CREMATORY Parkwood Cemetery

Baltimore, Maryland

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

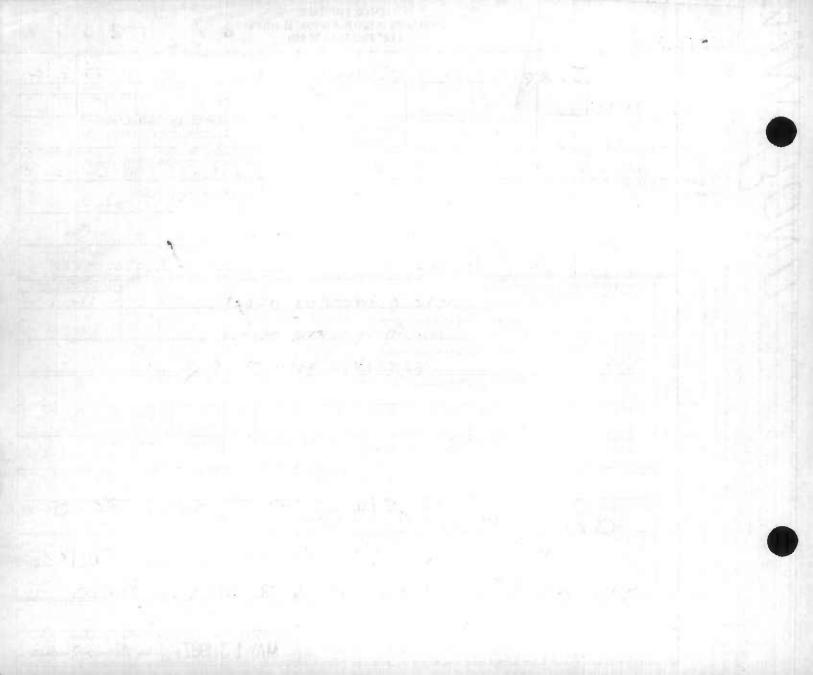
DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

24 FUNERAL DIRECTOR John C. Miller, Inc.6415 Belair Road-21206

5-14-87

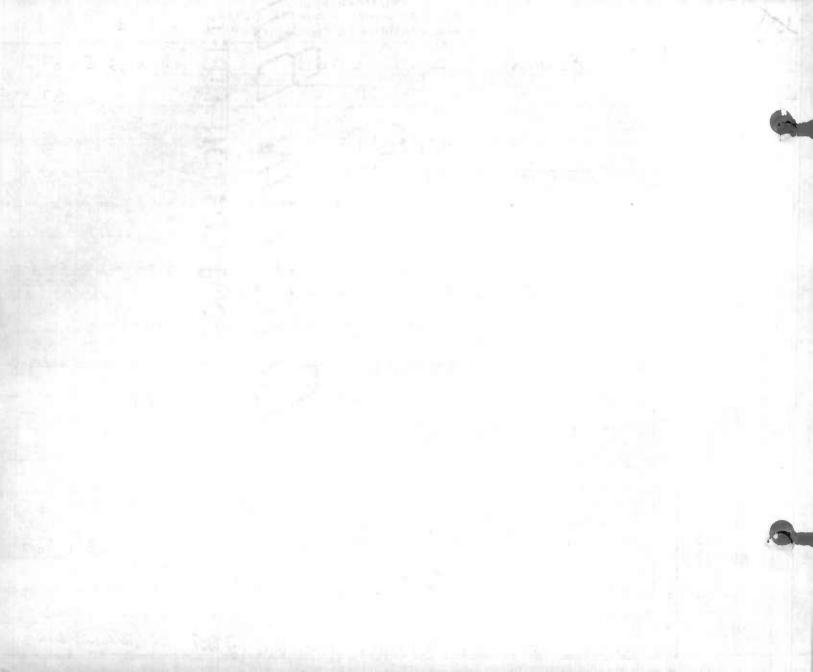
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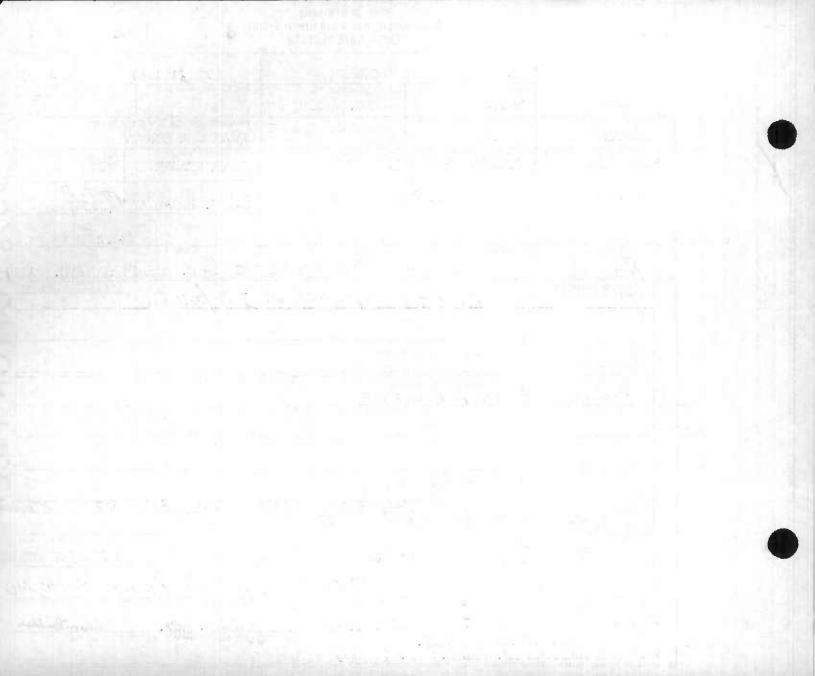
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	FEE	3. SEX	4. RACE	5. DATE OF BIRTH	1	6. AGE (IN YEAR			IF UNDER 2			MONTH	DAY	YEAR	2d HOUR
ġ,	16 SE2NZ	Male	White	July 8 1	.921	65 YRS	MONTH	DAYS	HOURS	MIN PRONO	DUNCED	5	(-	1987	18:00
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4	お母の主要 人	2000.0	y Land			100		and the same of th	ER MARRIE	DAN	Baltir				
á	発表がある		TOWN OF DEATH	USA			WIDOWE		DIVORCE	12a. USUAL OC				-	MD.
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ı	A A A A A A A A A A A A A A A A A A A	Md		lto.		ssex	100	YES 🗌	NOX		odvale	Δ170	212	21	
ŀ	H. F.	14. FATHER	SNAME	WIDDIE		LAST		15. MOTHE	R'S MAIDEN		MIDDLE		- Park sales State &	LAST	
	K K K K K K K K K K K K K K K K K K K	Will		njamin		Cobb		FIF			WIDDIE			LASI	
1	OR A SE	160 WAS DE	CEASED EVER IN U.S. A	RMED FORCES?		CIAL SECURITY I	NO. 1	17. INFORM	unkr	IOWII	ADDRE	SS			
	ON ST., BALTIMORE, MD. 2 24 HOURS AFTER DEATH. I ITEM 18. GIVE PAGES 1, 2. LONG WITH FORM PM 3 PERMIT. PAGES I AND 2 8 GIENE, DIVISION OF VITA			WWW 11	214	-18-6912	,	Turant	in To		7.0.1				
	URS AFT URS AFT B. GIVE WITH F PAGES	Y€	AUSE OF DEATH (Enter o				4	Juani	rta uc	ones 213	Cock	spur		PPROXIMATE	20 INTERVAL
	ST., E HOUN A 18. VG V	P.	ART I DEATH WAS CAUS	ED BY:					A00	LEST			BETV	WEEN ONSET	AND DEATH
	TON ST. 1 ITEM 1 ALONG PERMIT FORM		IMMED1.	ATE CAUSE (a)		DIOPUL		124	1111						
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	NO TAL	9	jave rise to immediat	le (b)		ELOSCI		TIL	Coro	WARY 1	ASCUL	AR Pu	1412	41	
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	DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., BALTIMORE, MD. S. CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH, RITING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1.3 RDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORW PM. E. 3 SHOULD BE USED AS A BURBALTRANSITY PERMIT. PAGES I ANN 2. E. DEPRYMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF VITAL PRIOR TO BURBAL, CREMATION, OR REMOVAL.			(c)		X6. 201									_
	IL RECORDS, 36 JOULD BE EXECU "PENDING" IN INF. MEDICAL E MEDICAL F HEATH AND CREMATION, C		OTHER SIGNIFICANT CONDITION	CONTRIBUTING TO DEAT	N BUT NOT RELA	TEO TO THE TERMIN	AL DISEASE O	OR CONDITION	GIVEN IN PART	T 1 (a).	151313				1100
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	OF VITA ATE SHG E WORD THE CH THE CH AENT OI	21a E	XTERNAL CAUSE WAS	21b. TIME C		DAY VEAD	21c. HO	W INJURY	OCCURRED	(ENTER NATURE C	F INJURY IN ITEM	18 PART I OR P	ART 2)	13.41	
	ON O ON O THE TO T HOULI	A CON.	ERLYING OR TRIBUTING CAUSE OF	DEATH P.	M. MONTH M	DAY YEAR									
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	DIVIS HIS CER WRITING		ORK AT WORK	STREET, FA	CTORY, FARM, E	TC.)	SI	REET		CITY O	RTOWN	C	YTMUC		STATE
	DIVISIC E: THIS CERTI E: WRITING FRAGE 3 STATE DEPA STATE DEPA STATE DEPA								-	LA.					
	P. P	22	a. I certify that I took cho	A.	escribed obc		Autopsy		Inspection	M. Inqu	iry LJ,	and in my a	pinian		
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	ARY WILL ARY	ACTU	w (m	n71. V	11			TITLE (SP				DATE	0	, 1:	20
	A H H H H H		ATURE /	, rues	11)		, M.D	PEP	ura	MEDICALE		SIGN	ED-2/	6/3	5 /
	NA SE	EXAM	INER'S NAME	n Wis	KLARE	dm =		6	800	MORNIN		RP.			
	TO MEDICAL EXAMINER EXECUTE THE CERTIFICATI PAGE 4 SHOULD BE FO TO FUNERAL DIRECTOR AFTER DEATH, WITH THE BALLIMORE MARYLAND,	(TYPE	OR PRINT	LUCIALE	11101 1	11110		DDRESS C			2122	2_			
1	PA T P P P P P P P P P P P P P P P P P P	23a.BURIAL, (SPECIFY)	CREMATION REMOVAL			NAME OF CEME			RY	23d LOCATIO	1.	• cou	YTAL	ŞTA	
1		BU	RIAL	6/918	1 6	TOLLY	+	fill		MIDO	LE RI	VER		mb	
-	DHMH-17 20M 1/73 (VR A15 ME (5))	NAME	L DIRECTOR	ADDRES				2		EC'D. BY REGIS		GISTRAR'S	SIGNAT	URE	
1		CONI	NELLY FUL	ICTAL Hom	6 30	O MAC	E/	TUE	MAY	8 198	Jules	a David	N.Y.		
i k															



						E OF MARYLAND				
55455 JUH		ATE GISTRAR		DEPARTA		EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8	0.	9	0 2
m.e	1. DECEA	SED NAME FIRST		MIDDLE		AST	20. DATE OF DEATH		YEAR 2	B HOUR
noy be		MO	RRIS			OHEN	MAY 3	1,1987		1:40 AM
ctor. po	3 SEX	MALE	WHITE		S. DATE C	JG. 4, 1902	6 AGE (IN YEARS LAST BIR	MONTH		HOURS MIN.
Pog dire	70 BIRTH	PLACE (STATE OF FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8		9 BALTIMORE CITY C	R COUNTY OF D	EATH	
Booth.		(Y'LAND	USA		WIDOWE		BALTIMORE	COUNTY		MD.
the the	PIK	ESVILLE	PTRESV	HOSPITAL, NURSIN	BTIVE	HOME	METER PREA		KIND OF	BUSINESS OR
		YLAND		GIVE RESIDENCE BEFORE		13d. IN VDE CITY LIMITS?	13e STREET ADDRESS 201 N. BRO	ZIP CODE /	APT. 3	D 1)
othing 2 sh	A FATHE	R'S NAME	MIDDLE	LAST	1000	IS MOTHER'S MAIDEN NAM	AE MIDDLE		LAST	
P P P	/	JACOB		COHEN		FANNIE	WIDDLE	UNI	KNOWN	
xecund co		DECEASED EVER IN U.S. AF	RMED FORCES?	166 SOCIAL SECU		17 INFORMANT	ADDRE	SS		
S. Poo		Va		218-10-	-5902	RABBI LANDSB	ERG 19 N.	COLLING		VE. (2123
is take requires that the death certains to be the ottending permit. Then please remove corbo are prior to burst, certains, cereation, or reversingly, or other traumotic e	PA NOL	onditions, if ony, which ove rise to immediate use (a), stating the iderlying couse last	DUE TO, O (c)_ CONDITIONS CO	ner	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	206. IF YES, WEI	RE FINDING	F DEATH?
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hou hour hour A	326	SIGNATURE	or, view the body	offer death		DEGREE			22c. DATE SI	GNED
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5 5 5 5 3		AL, CREMATION, REMOVAL	236 DATE		AME OF C	EMETERY OR CREMATORY	23d LOCATION	COU	TALLY WILLIAM	CTAYA
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DHMH - 16 60M 7/84	24 FUNE	RAL DIRECTOR SOL I	LEVINSON	& BROS.		250 DAT	M BALTO.	Ab. REGISTRAR'S	SIGNATUR	tE .
(VRA 15, 4)	601	O REISTERSTON	IN RD. R	ALTO. MD	(21	215)				



54218 M	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	0 /	2 9 0 3		
may be page 3	DECEASED NAME FIRST SATA	th CATHERINE	Coleman	REG. NO. 26. DATE OF DEATH MONTH DATE 05 16	20 11001		
ge 4 ma) ector pa	FEMALE	4 RACE WHITE	APR. 24,1987	YRS	ONTHS DAYS HOURS MIN.		
death. Po	76 BIRTHPLACE (STATE OR FOREIGN MARYLAND	USA	WIDOWED DIVORCED	Baltimore County	OF DEATH		
by the full with	Towson	Greater Baltimo	ng home or other institution	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	128 KIND OF BUSINESS OR INDUSTRY NONE		
filled in	DSUAL RESIDENCE IN NURSING TOME COL	OR OTHER INSTITUTION GIVE RESIDENCE BEFOR	ORE YES YOU NO	13. STREET ADDRESS / ZIP CODE 2201 CREST RD.	#21209		
Cond 2 st	FATHER'S NAME	MIDDLE COLEMAN	15 MOTHER'S MAIDEN N. FIRST RUTH	WIDDLE	SELLMAN		
Poge Commedical	NO OR UNKNOWN) (IF YES, C	RMED FORCES? INE WAR OR DATES) I 66 SOCIAL SEC	URITY NO. 17 INFORMANT MR 2201 CREST	JAMES COLEMAN	21209		
physicio npapers maval vent, We	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	only one couse per line for (a), (b), o SED BY: Cardior ATE CAUSE (a)	espiratory arrest		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
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for us of He 21 is	220 1 certify that (1) (this has	bital greended the deceased from 5/16 19 19	4/24/ 19.87 87 , and that in (our) opinion	n death occurred on the date and hour	9_8/, that (1) (we) last and from the causes stated		
AL DIREC detoched f acte Dept AT: If hem	77% SIGNATURE	A French	DESCREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR D PHYSICIAN	27c DATE SIGNED		
TO FUNERAL E should be deto with the State E IMPORTANT: If	Vancy K. Ba	ernett, K.D.	22e ADDRESS GBMC -	-6701 N. Charles	Street		
- 5 3 3	230 BURIAL, CREMATION, REMOVE (SPECIFY) BURIAL		NAME OF CEMETERY OR CREMATORY BETH TFILOH	23d LOCATION CITY OR TOWN BALTIMORE	MARYLAND STATE		
6 60M 7/B4	24 FUNERAL DIRECTOR SOL 6010 REISTERESTO	LEVINSON & BROS.	, INC.		AR'S SIGNATURE		

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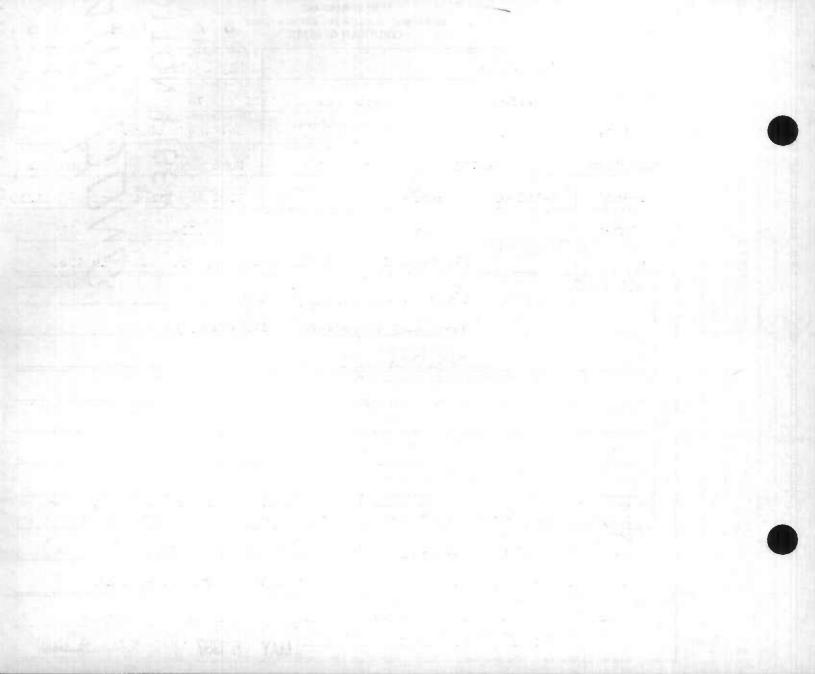
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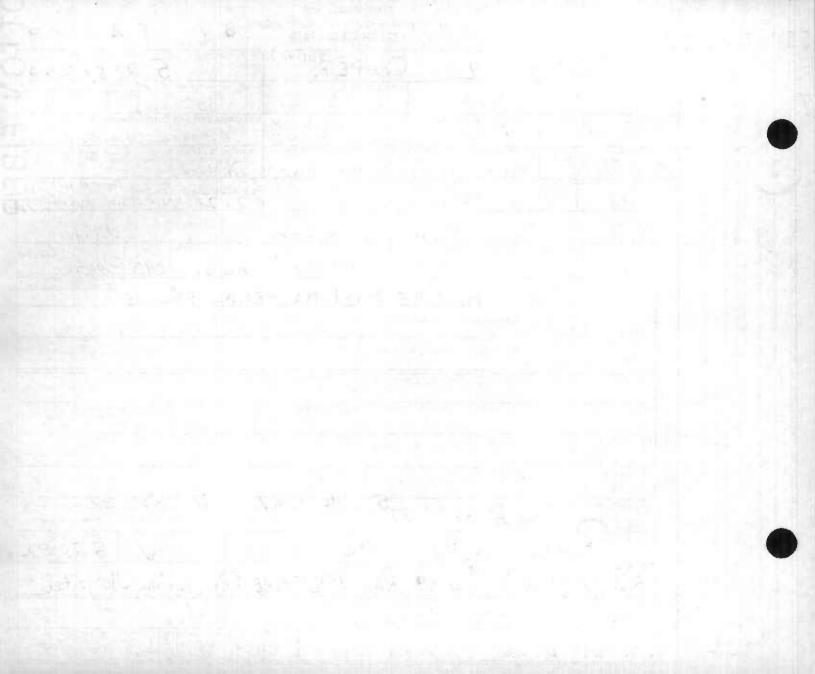
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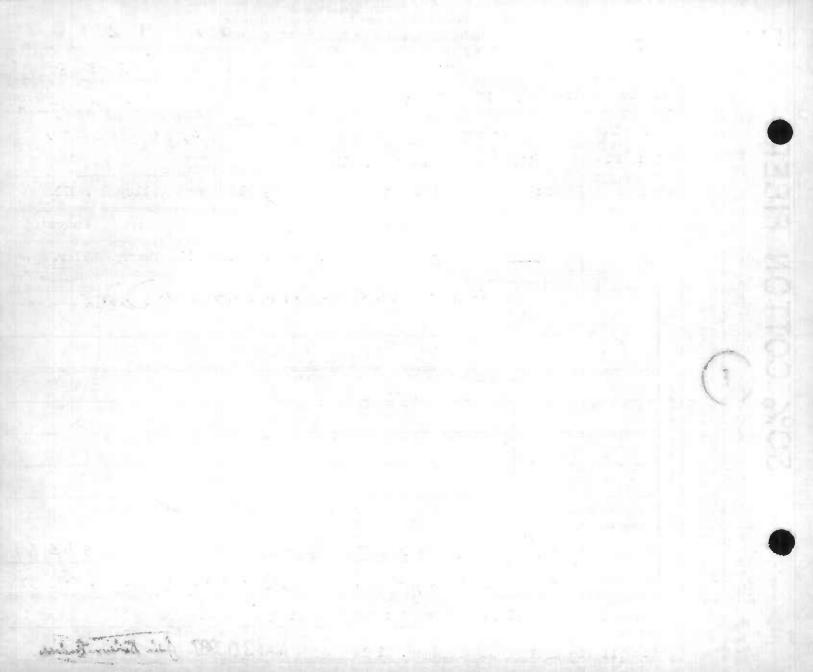
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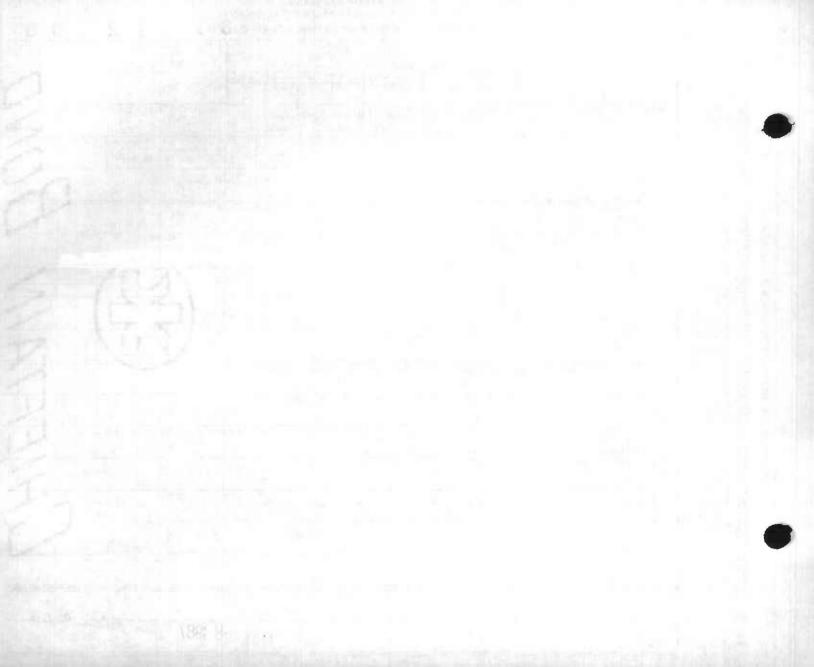
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noy be page 3	I. DE	CEASED NAME PEGG	MIDDLE	COOPER	(Stiva)			26 HOUR 27 2 . CO A
e 4 moy setor, pag	3. SE	/	RACE Black	S. DATE OF BIRTH	YEAR 3/	S. AGE (IN YEARS LAST BIRT	HDAY) IF UNDER 1	YEAR IF UNDER 24 HRS DAYS HOURS MIN.
35 35		RTHPLACE (STATE OR FOREIGN)	76. CITIZEN OF WHAT COUN	MARRIED NEVER		BALTIMORE CITY O	R COUNTY OF DEAT	4
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in 2. Williams of the control of the	USU. 130. S	LESIDENCE (IF NURSING HOME OR C TATE		TOWN 13d INSIDE C	1	13e STREET ADDRESS /	ZIP CODE, APP.	Gardens 120
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Wicote be executed viphysicion and pemplingopers. Page 1 and moval.		(AS DECEASED EVER IN U.S. ARA ES, NO OR UNKNOWN) (IF YES, GIVE	MED FORCES? 166 SOCIAI WAR OR DATES) 217-	SECURITY NO. 17 INFORMS	ina Cu	ADDRE	1043 Fla	afree lane
201 W. PRESTON SI	7	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT CO	DUE TO, OR AS A CON (b) DUE TO, OR AS A CON (c)	SEQUENCE OF	MA: RE		DITION GIVEN IN PA	RT Iro
he law recon. has been t permit. If ene prior t	CERTIFICATION	0 DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATION WAS PERFO)RMED	200 AUTOPSY?	20b. IF YES, WERE FI IN CERTIFYING CAI YES	INDINGS USED USES OF DEATH? NO
HYSICIAN: The ading physicion his certificate his burial-tronsit gamental Hygies or frem 18 show	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	21b. TIME OF INJURY HOUR A.M. MONTI P.M. 21e PLACE OF INJURY	19 211 LOCATIO	ON	D (ENTER NATURE OF INJUR		
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TAL OR ATTEN by the hospital RAL DIRECTOR, detoched for us tore Dept. of He NT: If them 21 is		saw the decested alive an above, (Ir (we) (Irid) (did not 22b. SIGNATURE	5. ax	DEGREE	ATTENDING	MEDICAL STAF	F / 276. U	DATE SIGNED
TO HOSPITAL eroined by the TO FUNERAL should be det with the Storie		PAYADO	RINT GOVIN	DA RAD 17 BA	LTIMORE		GNL HO	Spital -
BP		URIAL, CREMATION, REMOVAL SPECIFY Burial	6/2/87	Raltimore Com		23d LOCATION	COUNTY	STATE
Dr	24 FL	NERAL DIRECTOR	0/2/0/	Baltimore Cem		Baltimor REC'D. BY REGISTRAR		Md
DHMH - 16 60M 7/84 (VRA 15, 4)	Wm	NAME	West 4300 AD	Nabash Avenue	1111	1 1987	Julia Devidor	n. Kandallo



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CER REGISTRAR FIRST 20. DATE KNOWN DI (TYPE OR PRINT) Mary A . Coughlin ESTI-DEATH MATED 100 3. SEX 4 RACE 2d HOUR 5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR IF UNDER 24 HRS 2c. DATE LAST BIRTHDAY) Female White PRONOUNCED Ö 79 DEAD 19 To BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNT MARRIED NEVER MARRIEDXX Mary land II.S.A. DIVORCED AGE W. 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION Cherry Valley Rd. 21136 FOR MOST OF WORKING LIFET OR INDUSTRY Reisterstown Housekeeper LISUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 21201 13b Baytimore 13d INSIDE CITY LIMITEX 11 13 PEC METERY Valley Rd. 21136 May Viand Religeerstown 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Coughlin Keavney James Mary 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT ADDRESS 113 Cherry Valley Rd. (YES, NO, OR UNKNOWN) LIF YES GIVE WAR OR DATEST James Coughlin 218-03-7424 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY eRuite DUE TO OR AS A CONSEQUENCE Canditions, if any, which gave rise to immediate cause (a) stating the under DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? E 3 SHOULD BE USE DEPARTMENT OF 11 PRIOR TO BURLAND YES | NO 🗌 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME 21f. LOCATION NOT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN WHILE COUNTY STATE AT WORK AT WORK 220 I certify that I took charge of the remains described above, held an Autopsy Inspection and in my apinian AGE 4 SHOULD BE F FUNERAL DIRECTO TER DEATH, WITH THE death resulted frame Hamicide Undetermined manner ACTUAL SIGNATURE EXAMINER'S NAME (TYPE OR PRINT) 0 23a.BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Burial Maryland 5/18/87 New Cathedral Cemetery Baltimore 07/84 BP 25M 24. FUNERAL DIRECTOR **DHMH - 17** (VR A15 ME (5)) Mitchell-Wiedefeld 6500 York Rd. 21212



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	TO MEDICAL EXAMINER EXECUTE THE CERTIFICAT PAGE 4 SHOULD BE FOR TO FUNEAL DIRECTOR AFTER DEATH, WITH THE BALTIMORE, MARYLAND	23a. B	URIAL, CREMAT	ON, REMOVAL		23c. N	NAME OF CEME	TERY OR C	REMATO	RY		CATION					
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Market Britain Police					STATE OF M	ARYLAND			
54949 JUN	-11.	FOR STATE		DEPART		AND MENTAL HY	GIENE 8 7	1 2	9 0 9
		RÉGISTRAR			CERTIFICATI	OF DEATH	REG. N	O	
		CEASED NAME FIRST		MIDDLE	(AST		20. DATE OF DEATH	MONTH DAY	YEAR 26 HOUR
may be page 3 er death		ED	DY	F.	CRITCH	FIELD	LIVE CON	5-25-	87 123 PM
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signe hen p ta bur yury.	z	PART 2. OTHER SIGNIFICAN	CONDITIONS CO	ONTRIBUTING TO	DEATH BUT NOT RE	ELATED TO THE TERA	AINAL DISEASE OR CON	DITION GIVEN IN	PART 11a
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OR AT DIRECT Sched fr Dept. of them 2		above, (I) (we) (did) (did i 22b. SIGNATURI	nat) view the bady	after death.	DEGREE				22c. DATE SIGNED
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	24 F	INERAL DIRECTOR	0 20	3, [0]	בטחא קונו		E REC'D. BY REGISTRAN	ISE REGISTRANS	CICNATURE
DHMH - 16 60M 7/B4 (VRA 15, 4)	1	10 to 00	- 79	727 Ha	LQ 1-00	MAY	28 1987	lia Dander	40
	_	Charles Indian	/	7 1 10	MAN DE 17 OIL		U		

2 1 16 23 7 17 (131911)719) Major (Audum) oj- 25 ag di 49 de Wassers Barrens Control Contro SALTIMORE DE LA CONTRACTOR DE LA CONTRAC Market Company of the Some billion of part to the district or you be not a site of the

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1 - STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8

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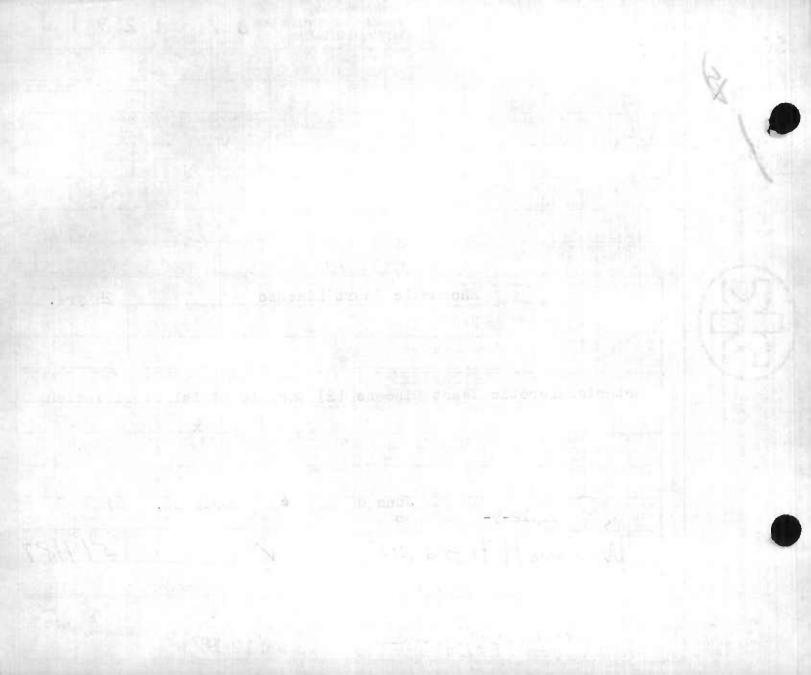
REGISTRAR		delition delition of		REG. NO).					
1 DECEASED NAME FIRST	MIDDLE	LAST		20 DATE OF DEATH	MONTH DAY	YEAR	2b. HOUR			
Irene	Gue	Cromwell		N	lay 2	1987	M			
3 SEX	4 RACE	5 DATE OF BIRTH	YEAR	6. AGE (IN YEARS LAST BIRT	HDAY) IF	UNDER I YEAR	IF UNDER 24 HRS			
Female	White	Aug. 25	1909	77	YRS	UA13	MIN.			
To. BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY		MARRIED T	9 BALTIMORE CITY O	R COUNTY O	FDEATH				
Maryland	USA		IVORCED	Baltimore	Count	V	MD.			
10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS		TITUTION	120 USUAL OCCUPATION	ON		F BUSINESS OR			
Millers	20500 Gunpowe	_		Retired Ai			/il Service			
USUAL RESIDENCE LIF NURSING HOME OF			ITY LIMITS?	Budgetii	CODE		21107			
Maryland Balt	imore Millers	YES 🗌	NO 🗆	20500 Gu		er Ro	oad /			
14 FATHER'S NAME FIRST	MIDDLE LAST	15 MOTHER	S MAIDEN NAM	AE MIDDLE		LAS	51			
Washington	E.	Gue Ca	rrie	Α.		Mi	ullinix			
160 WAS DECEASED EVER IN U.S. AR	RMED FORCES? 166 SOCIAL SEG	CURITY NO. 17 INFORM.	ANT	ADDRE	SS					
No -		3-7155 Dona	d L. G	ue, Sr., 19	06 Sea		Rd., 2122			
18 CAUSE OF DEATH (Enter or	18 CAUSE OF DEATH lEnter only one couse per line for ioi, (b), and ioi PART I. DEATH WAS CAUSED BY: Phonymotic House									
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Rheumatic Heart Disease									
	DUE TO, OR AS A CONSEQUENCE OF									
Conditions, if any, which										
gave rise to immediate cause (a), stating the										
underlying couse lost.										
PART 2 OTHER SIGNIFICANT	IN PART 1	o								
	Arteriosclerotic Heart Disease (2) Chronic atrial fib									
190 DATE OF OPERATION	196 CONDITION FOR WHIC	CH OPERATION WAS PERFO	DRMED	200 AUTOPSY? 20b. IF YES, WERE FIND INGS USED IN CERTIFYING CAUSES OF DEATH?						
RTIF				YES NO	YES [NO 🗌			
OD CONTRIBUTION TO CAUTE OF DE			216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART OR PART 2)							
S (IF EITHER NOTIFY MEDICAL EXAMINE		19								
(IF EITHER NOTIFY MEDICAL EXAMINE) 214 INJURY OCCURRED	21e PLACE OF INJURY	E. FARM ETC) STREE		CITY OF TO	WN	COUNTY	STATE			
AT WORK AT WORK			•		- 1	0				
	ital) attended the deceased from	June 0	19 63	to April_	25, 19		that (1) (we) lost			
saw the deceased alive on obove (I) we) (did) (did no	2-9- 19 by view the body ofter death.	86_, and that in (my	(our) opinion o	leath occurred on the do	ite and hour a	nd Irom the	couses stated			
22b. SIGNATURE	117	DEGREE	ATTENDING _	MEDICAL STAF	c	22c DATE	SIGNED 1			
Ville	un 17 Tourd	[/WI]	PHYSICIAN [12/	4/5/			
22d. PHYSICIAN'S NAME (TYPE	OR PRINT(22e ADDRE								
Wilbur	H. Foard, M.D.	3223	Main St	.Bx.E Man	chester	, Md.	. 21102			
230 BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR		23d LOCATION		COUNTY	STATE			
Burial	5/4/87 1	Pine Grove U	nited M	leth. Mt. A	irey H	oward	n Mel			
			06 5 4 70	DECID DU DECICEDAD	are my market a	AL OF STREET	Average and a second			

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

Martin D. Lawson, 10 W. Padonia Rd.

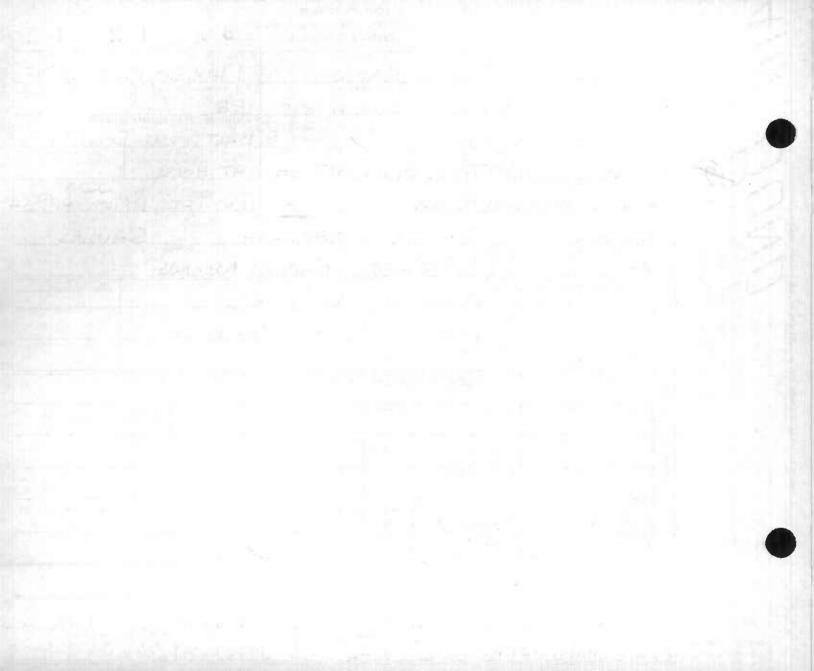
MAY 1 2 1987



	1-	FOR STATE REGISTRAR		DEPART		EALTH AND MENTAL HYGICATE OF DEATH	REG. N	. 1 2	9	
55056		CEASED NAME FIRST Edwar	d C.	CROPPER	Ĺ.	AST	2a. DATE OF DEATH	MONTH DAY	- 87	26 HOUR 12:34 PA
ge 4 may ectar, pa	3. SE	ALS	4 RACE	TITE	S. DATE C	F BIRTH DAY PEAR PEAR	6 AGE (IN YEARS EAST BIR	YRS.	UNDER I YEAR	HOURS MIN.
death. Po	0	RTHPLACE (STATE OR FOREIGN COUNTRY)	U. S	OF WHAT COUNTRY?	WIDOWE		BALTIMORE CITY O	D 39CX	aun	TY MD.
201	R	OSEDALE	FRA	OF HOSPITAL, NURSING IN SUCH FACILITY, GIVE STREET	ADDRESS)		12a USUAL OCCUPAT			BUSINESS OR
TAND 21	130	AL RESIDENCE (IF NURSING HOME OF TATE 136 COURSE CO		UTION GIVE RESIDENCE BEFOR	/N	134 INSIDE CITY LIMITS? YES NO 15. MOTHER'S MAIDEN NA	13. STREET ADDRESS	OLO H	ARFO	RO ROBI
E, MARYI		WAYOS .	MIDDLE	PROPPS (S C C C C C C C C C C C C C C C C C C C	PATRIC.	A ADDRI	SS	APF	757
be exected an and (15. Pages)		YES, NO OR UNKNOWN) (IF YES, G	IVE WAR OR DA	185)		FAMILY	RECORDS		* ADDRAVII	AVE BAYER
ST., BAL ertificate g physici an pape emaval. event, th		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS IMMEDIA	enly one cous ED BY: ATE CAUSE (Dise	ase			BETWEEN	NATE INTERVAL
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The law requires that the death certificate be executed. This shall state this certificate has been signed by the attending physician and compense the os the burnal-transit permit. Then please remove carbon papers. Pages and the hand Mental Hygiene prior to burial, cremation, or removal. orked or frem 18 shows any injury, or other traumatic event, the medical exemption material.		Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost.	-	O, OR AS A CONSEOU						
RDS, 20 equires t a signed Then ple r ta burio	NOI	PART 2. OTHER SIGNIFICANT	CONDITION	NS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CON	idition given	I IN PART 110	
he law range. has been tipermit. iene prio	CERTIFICATION	190 DATE OF OPERATION	19b C	ONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?		VERE FINDING NG CAUSES (
SICIAN: T ng physici certificate irial-transi ental Hyg frem 18 sh		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	HOU.	ME OF INJURY JR A.M. MONTH D P.M.	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM IB PART	T OR PART 2)	
AG PHYS attending the this as the bund An and An arked or	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK		ACE OF INJURY ME STREET, FACTORY, OFFICE,	FARM ETC)	211. LOCATION STREET	CITY OR TO		COUNTY	STATE
ATTENDIN spital ar CTOR: Al far use of Health	3	220 I certify that XI (this has saw the deceased alive a above, (1) (we) (did) (did)	May	/h	May 2	od that in (X) (our) apinion	death accurred on the d	. 17	nd from the c	not (I) (we) lost ouses stated
PITAL OR A by the har ERAL DIREC State Dept State Dept		276. SIGNATURE	w		-0		MEDICAL STA	FF CIAN []	May 2	6, 1987
TO HOSPITAL retained by the TO FUNERAL should be det with the State IMPORTANT.		B. Y. Oun				1	clin Square	Dr.	21237	
BP	B	BURIAL, CREMATION, REMOVA (SPECIFY) SURIAL UNERAL DIRECTOR	23b. DA	34-487	lars!	EMETERY OR CREMATORY AND MSM F ARTORO 250 DAT	23d LOCATION PARKY TE REC'D, BY REGISTRAR	B 34.	ALTO-	NE STATE
DHMH - 16 60M 7/84 (VRA 15, 4)	5	ANS CHAPS	LOF	NEMORIES		AO	JUN 1 19	87 Julia	Sinder	

STATE OF MARYLAND

To gra	1			STATE	OF MARYLAND				
55069 JUN.	1	FOR STATE REGISTRAR	DEP		EALTH AND MENTAL HY	GIENE 8 7	1	2 9	12
		CEASED NAME FIRST	WIDDIE	L/	ST	20. DATE OF DEATH	MONTH DAY	YEAR 2	26 HOUR
be age 3	[TYP	ORPRINT) C. E.L.A	M.	(R	220	MAYS	19101	87	M: 45 M
may.	3. SE		4 RACE	5. DATE O		6. AGE (IN YEARS LAST BI	RTHDAY) IF	UNDER I YEAR	IF UNDER 24 HRS
age 4 may be rectar, page 3 urs ofter death	F	IMALE	WHITE	JUL	421.1898	88	YRS.	NINS DATS	HOURS MIN.
h. Po	7e. B	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUN	MARRIED	NEVER MARRIED	9. BALTIMORE CITY	R COUNTY O	FDEATH	
death	1.7	ARYLAND	U.S.A.	WIDOWE	DIVORCED [BALTIM	WRE !	INVO	-4 MD.
fer in the f	10. C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIVE		R OTHER INSTITUTION	120. USUAL OCCUPAT			BUSINESS OR
0 510	2	XZZZ	11190 TACE	DRIVE	APT. 3A	AT HO	75.		
4 ho	130	AL RESIDENCE (IF NURSING HOME OF			134 INSIDE CITY LIMITS?	130.STREET ADDRESS		2195	_ *.
- y + 1	17	ARYLAND DAL	Timore ESSE	X	YES NO	11120 14	<u>-2 1) R</u>	IVS	APT-3P
1 1000	1	FIRST	MIDDLE C LAS		C CFIRST	MIDDLE	-	LAST	
	160	VAS DECEASED EVER IN U.S. AR	EMED FORCES? THE SOCIAL	SECURITY NO.	17 INFORMANT	KH ADDR		AUSR	2,
1 (19 權) (4			VE WAR OR DATES	01020	Fomil	4 RSCOR			
11172	-	18 CAUSE OF DEATH (Enter or	oly and course per line for to 1	b) and (c)	1 HI WI	1 1/2/01/	33	APPROXIM	ATE INTERVAL
g pliver		PART I. DEATH WAS CAUSE	TE CAUSE (a) Pespi	1	Friday.	9		BETWEEN ON	ISEI AND DEATH
ding arbo or re		IMMEDIA	DUE TO, OR AS A CONS		icarran				
NG PHYSICIAN: The law requires that the death certificate be executed. If this is called physician. Mer this certificate been signed by the ottending plus can that conclude the first into sthe buriot-transit permit. Then please remove carbonipodate Posts in a house that and Mental Hygiene prior to buriot, cremation, or remove them 18 shows any injury, ar ather traumatic event.		Conditions, if any, which	(16) Disse	1	1 Breast	Carcinom	,		
the creme		gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONS	SEQUENCE OF	A - Total Sales				
that d by eose ol, cr		underlying couse lost.	(c)						
equires that the death ce signed by the ottending Then please remove carb to burial, cremotion, ar a njury, ar other traumotic	Z	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	G TO DEATH BUT I	NOT RELATED TO THE TERM	MINAL DISEASE OR CON	DITION GIVEN	IN PART 1(a)	
been mut. T	CERTIFICATION	19a DATE OF OPERATION	19b. CONDITION FOR W	HICH OPERATION	N WAS PERFORMED	28e AUTOPSY?	20b. IF YES, V	VERE FINDING	SS USED
2 2 2 2 2 3	LIFIC					YES NO	IN CERTIFYIN	NG CAUSES O	PEATH?
icate h ransit p Hygier	GE	21a. ACCIDENT WAS UNDERLYING			21c. HOW INJURY OCCUR				
HYSICIAN: ding physis is certificat burial-tran Mental Hyu	¥.	OR CONTRIBUTING CAUSE OF DE.		DAY YEAR					
HY Side	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, O		21f LOCATION STREET	CITY OR TO	WN.	COUNTY	STATE
or atten After th se os the olih and morked o	2	AT WORK NOT WHILE	(AT HOME, SINEE), PACTORI, O	FFICE, PARM, EIC I	31.00				
TENDIII or OR: A Or use or use of Health		22a I certify that (I) (this hasp			, 19	, to			not (I) (we) lost
- 0 F - 0 C	1	sow the decound alive on above, (f) (we) (did) (did no	oti vew the body after death.	19, on	d that in (my) (our) apinion	death accurred on the d	ate and hour o	nd from the co	uses stated
0 0 0 0 0		ASSERVATIONE /	A LONG.	0 ~	ATTENDING	MEDICAL STA	cc	22c DATE SI	GNED
by the by the ERAL DII		1000210W	11-1001	P -	PHYSICIAN 4	DIRECTOR PHYSIC			
O HOSPITAL etoined by the TO FUNERAL should be derawith the Store MAPORTANT:		224 PHYSICIAN'S NAME (WHO	al.		22e ADDRESS				
TO HOSP retoined TO FUNI should be with the	220	Burial, Cremation, removal	Took DATE	122. NIAME OF CE	METERY OR CREWATER	Total LOCATION			
BP	230	SPECIFY) .		B OF CE	METERY OR CREMATORY	23d LOCATION CITY OR TOWN		TINUO	STATE
	24. F	JNERAL DIRECTOR	5 22 F187	8800 H	AREORO 250. DA	TE REC'D. BY REGISTRAR	256. REGISTRA	R'S SIGNATUI	HIMLAU(
DHMH - 16 60M 7/84 (VRA 15, 4)	5.	Ans CHAPELO	OF MEMORIS	S ROF	30	IIIN 1 1007		Tendern-K	
	5	HIIZ CHAITE	VI 151 10K15	J VOL	.0	101/1 130/	June p		-



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STATE OF MARYLAND FOR

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

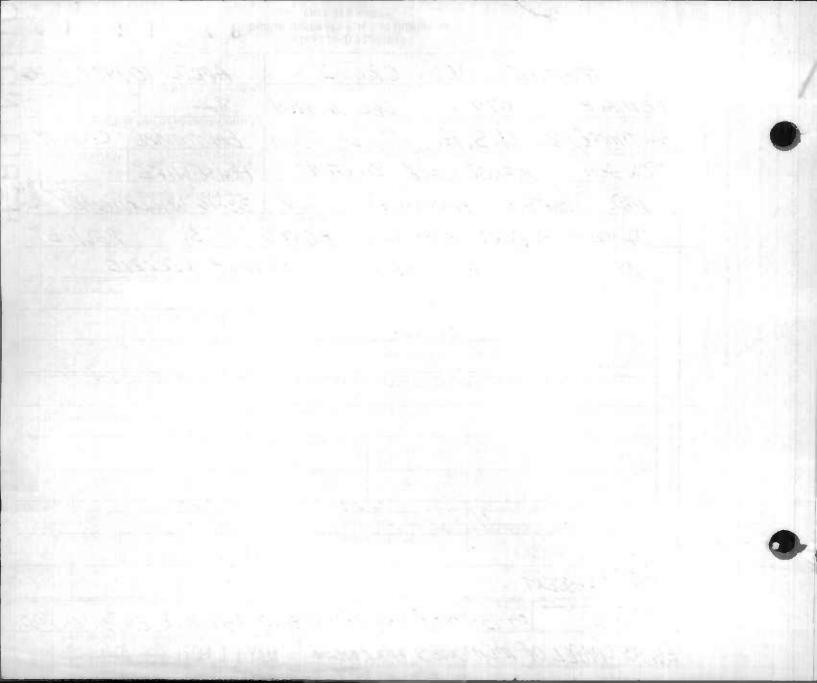
ı		REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO	o		1. 11.
		EASED NAME FIRST	MIDDLE	· ·	AST		MONTH DAY	Y YEAR	26 HOUR
	(TYPE	ORPRINT) MAMI	E V.	CK	COSS	APRIL	- 10,	1987	11:20pm
1	3. SEX	1	RACE	S. DATE O	F BIRTH	6 AGE JIN YEARS LAST BIR			HOURS MIN.
	F	EMALE	WHITE	DE	C.16, 1904	82	YRS		
1	7a BIR	OUNTRY)	CITIZEN OF WHAT COUNTRY?	MARRIE!	NEVER MARRIED	9 BALTIMORE CITY O	RCOUNTYO	FDEATH	
	BA	ALTIMORE, MD.	U.S.A.	WIDOWE	DIVORCED	BALTII	nore	Cou	N7/, MD.
	10 CII	TON SON	1. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH EACHITY, GIVE STREET)		AX TON	TYPE OF WORK FOR MOSTO			BUSINESS OR
1040	13a S	TATE 136 COUNTY			YES NO P	3346	ZIP CODE	UGHK	21234 34 RON
	14. FA	THER'S NAME	DDLE LAST	,	15 MOTHER'S MAIDEN NAM	MIDDLE.	- 5		1V
		JAMES AL	BERT MAR	TIN	AGNES	5.		BEW	167
		VAS DECEASED EVER IN U.S. ARMI	ED FORCES? 166 SOCIAL SECU 213-42-	3824	17 INFORMANT FAI	nily R	COR	25	
		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	one couse per line far (a), (b), and BY:	dici h	ROPES			APPROXIM BETWEEN OF	ATE INTERVAL NSET AND DEATH
		IMMEDIATE							
		- 100 V 11A							
		Canditions, if any, which gave rise to immediate	(b) (NEUNO						
	T.	cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE	NCE OF					
		PART 2 OTHER SIGNIFICANT CO	10	DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE OR CON	DITION GIVEN	V IN PART I a	
	NO								
1	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERTIFYI	WERE FINDINGS USED ING CAUSES OF DEATH?	
Н	ERTI	210 ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		21c. HOW INJURY OCCURRI	1	YES NO		
9	N C	OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. MONTH DA		THE THE WAY ON THE COUNTY	ED TEMIER MANORE OF 11430	C) IN TIEM ID PAR	., () () ()	
	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M. 21e PLACE OF INJURY	19	211 LOCATION				-
	ME	WHILE NOT WHILE AT WORK	TAT HOME, STREET, FACTORY OFFICE F	ARM, ETC)	STREET	CITY OR TO	WN	COUNTY	STATE
	10	220 I certify that (I) (this haspita	il) ottended the recovered from_	3	17 19		, 19	9, tl	hat (I) (we) last
	150	saw the deceased glive on abave, (1) (we) (did (did nat)	view the body ofter death	0.0	nd that in (my) (aur) apinian d	leath accurred an the d	ate and haur o	and from the c	ouses stated
	20	226. SIGNATURE		LA	DEGREE ATTENDING	MEDICAL STA	c c	22c. DATE S	IGNED
_	-	C Do Mill			PHYSICIAN D	DIRECTOR PHYSIC			
		DR. BESSEN	T T		5219 Sm	ING LAKE WA	7		
H	2300	TURIAD GREMATION, REMOVAL	23b. DATE 23c.1	NAME OF C	EMETERY OR CREMATORY	23d LOCATION	/		
	-	BURIAL	04-13-1987 11	9EKh	1000 CEMETERS	PARKVILL	E BA	470. a	o. mD.
	24 FL	UNERAL DIRECTOR	C . C . T.	0	250 DATE	REC'D. BY REGISTRAR	256 REGISTRA	AR'S SIGNATU	RE
	FI	IAMS CHAMELO	r memorges	VAK	CVILLE M	AY 1 1 1987	Julia,	Dundur	Kandass

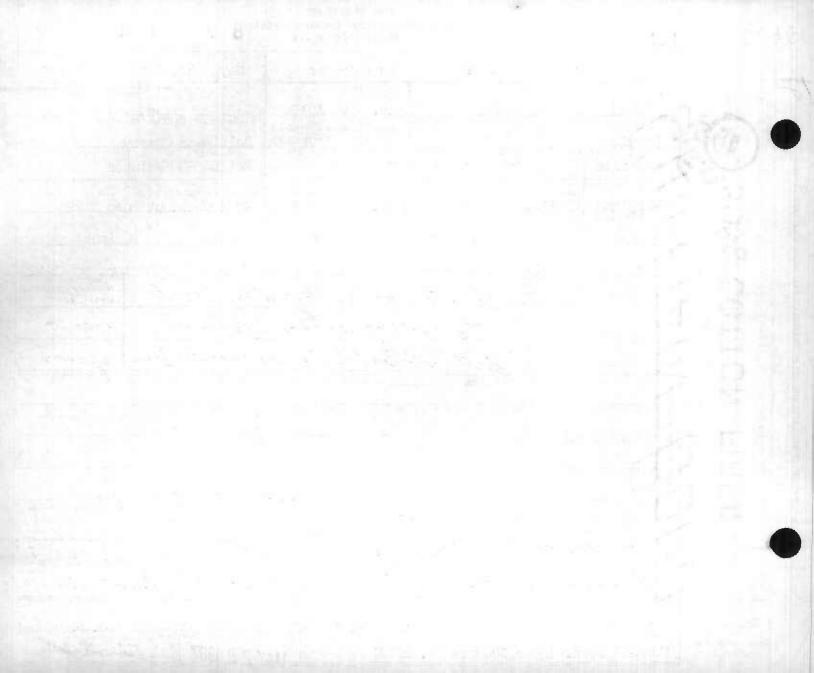
DHMH - 16 60M 7/84 (VRA 15, 4)

should be detached for use as the burial-transit permit. Then please with the State Dept. of Health and Mental Hygiene prior to burial, or TO FUNERAL DIRECTOR: After this certificate has been

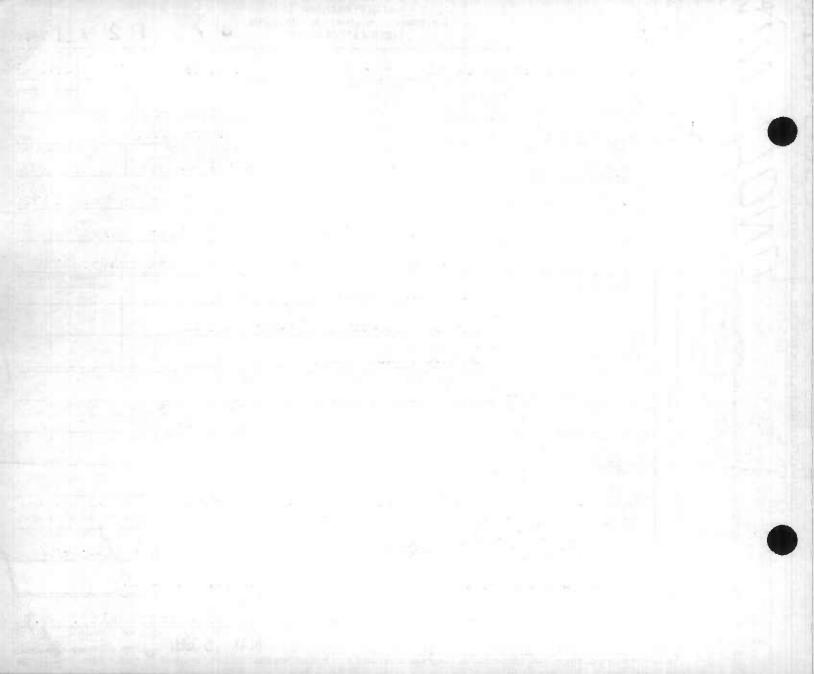
IMPORTANT: If Hem 21 is marked or Item

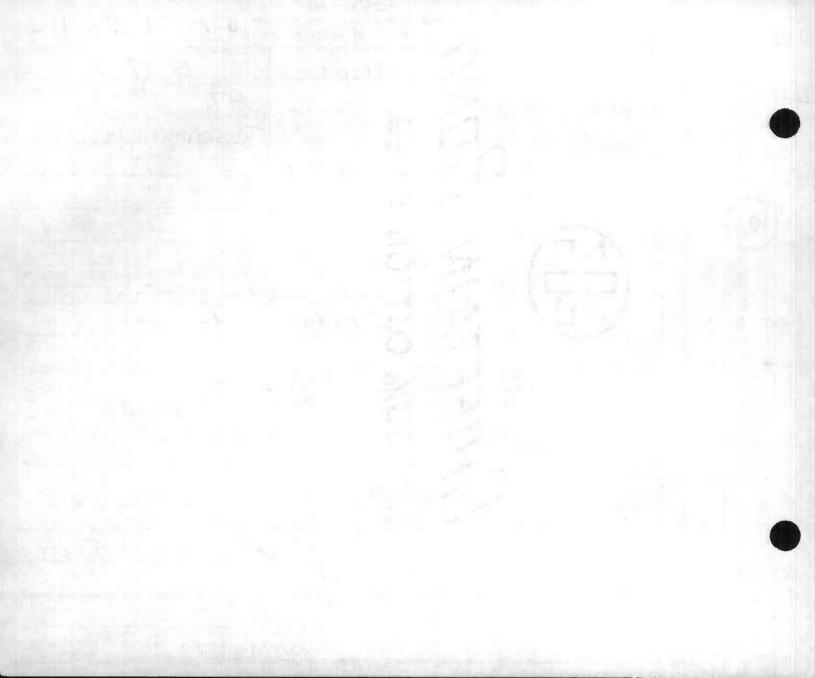
hpopers. Poges





1				STATE OF MARYLAND						
1111		FOR STATE REGISTRAR	DEP	ARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	0 /	1291	4			
		EASED NAME FIRST	MIDDLE	LAST	REG. NO		OUR ±			
		OP PRINTS	Thomas CURLER	Jr.	May 4, 1987		11a M			
	3. SEX		4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTH	HDAY IF UNDER I YEAR IF UN	IDER 24 HRS			
		Male	White	Jan 12 1922	65	YRS. HOUR	RS MIN.			
3/1/		THPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUN	TRY? 8. MARRIED NEVER MARRIED	9 BALTIMORE CITY OR	COUNTY OF DEATH				
1		th Carolina	USA	WIDOWED DIVORCED	Baltimore (County	MD.			
-		Y OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVE S	JRSING HOME OR OTHER INSTITUTION	12a USUAL OCCUPATIO		INESS OR			
/	F	Rossville		quare Hospital	Retired-	Beth Steel				
5	13a. S		NTY 13c. CITY OR	TOWN 13d INSIDE CITY LIMITS? LeRiver YES NOTE	13e STREET ADDRESS /	zip code eenbank Road :	21220			
Sec.	14. FA	THER'S NAME	reo. pridar	15. MOTHER'S MAIDEN NA		-enbankhoad .	21220			
50		James T	. Curlee S	Sr. Ollie	Elizabe	eth Cartin				
,	16a W	AS DECEASED EVER IN U.S. AI		SECURITY NO. 17 INFORMANT	ADDRES					
	(Y	yes (IF YES, GI	VE WAR OR DATES) 242-2	20-8120 Darlene Ca	arr 13218Ea	asternAve.21	220			
'		18. CAUSE OF DEATH (Enter a PART I. DEATH WAS CAUSI	nly ane cause per line far (a), (b	or, and (cr.)		APPROXIMATE IN BETWEEN ONSET A	NTERVAL AND DEATH			
			TE CAUSE (a) Respira	atory Arrest			72			
3404			DUE TO, OR AS A CONS	EQUENCE OF	Discoso					
A		Conditions, if any, which gave rise to immediate Chronic Obstructive Pulmonary Disease								
)		cause (a), stating the underlying cause last. (c) Chronic Tobacco Abuse								
				TO DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR COND	ITION GIVEN IN PART 10				
	O		Cancer							
2	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR W	HICH OPERATION WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FINDINGS UIN CERTIFYING CAUSES OF DI	EATH?			
-	ERT	210 ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	1216 HOW INJURY OCCUR	YES NO A					
7	_	OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH	DAY YEAR						
	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE 216 INJURY OCCURRED	P.M. 21e PLACE OF INJURY	19 211 LOCATION						
1	ME	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY, OF		CITY OR TOW	COUNTY	STATE			
		220.1 certify that (#) (this hosp			, to May 4	, 19 <u>87</u> , that (4	We lost			
		saw the deceased alive or abave, (ff (we) (did) (did)	May 4	.19 $\underline{87}$, and that in ($\underline{}$) (aur) opinion	death accurred an the dat	te and haur and fram the causes	stated			
		226 SIGNATURE	101	DEGREE		22c DATE SIGNE	ED			
		95.	Sharter	ATTENDING PHYSICIAN [MEDICAL STAFF	5/04/	/87			
7		22d. PHYSICIAN'S NAME (TYPE	OR PRINT)	22e. ADDRESS						
		Kirk Step	otoe, M.D.	9000 Frank	clin Sq. Dr.	, 21237				
	23a. B	JRIAL, CREMATION, REMOVAL		23c. NAME OF CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY	STATE			
		Burial	5/7/87	HollyHillCemetery	MiddleR:	iver Balto. N	Md.			
84		NERAL DIRECTOR	ADDR		TE REC'D. BY REGISTRAR 2	Sh. REGISTRAR'S SIGNATURE	0			
	C	onnellyFuner	alHome 300Ma	ceAve,21221	INIMI O 190	1 julia Devidernit	Condoss			





0529021

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

8	REG.
	REG.
0	REG.

8 1987

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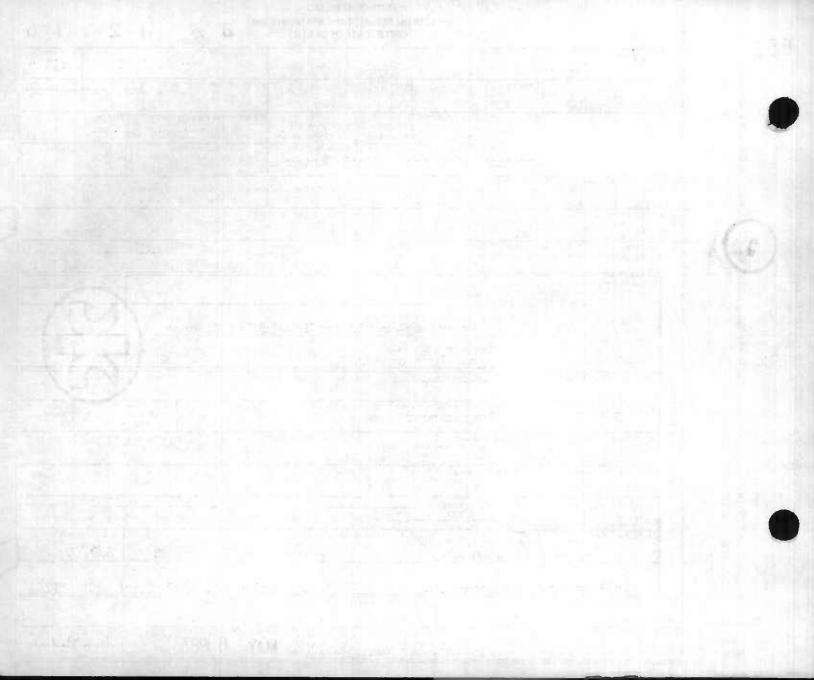
DETERMINE PRODUCT PR	1 - STATI REGIS	E ISTRAR		DEPART		FICATE OF DEATH	SIENE 8	, NO.	12	9 1 6
LILLTAN B. DATCOR South of Brith So			٨	AIDDLE		LAST				
Female White June 26,1906 BRITHPIACE (SAIR CATORICAL OF WHAT COUNTRY) Maryland U.S.A. WARRIED NEVER MARRIED NEVER MA	THE OWNER		1	В.	DAIC	GER	M	ay b,	1987	
Female White June 26,1906 80 98 18 18 18 18 18 18 18	3. SEX						6 AGE (IN YEARS LAS	T BIRTHDAY]		
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Tas STATE Tas						lical Center				- Roll
SECOND STATE STA	13a. STATE	13P CONN.		13c CITY OR TOV	NN		130 STREET ADDRE	SS / ZIP CO	DDE t. 212	211
No No No No No No No No		SNAME	G. SY			15 MOTHER'S MAIDEN NA				
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No	160 WAS DE	ECEASED EVER IN U.S. ARM	NED FORCES?	166 SOCIAL SEC	URITY NO.	17 INFORMANT				
State of Death : Enter only one couse per line for 101, (b), ond icher Hypoxemia	All Property and the second	OR UNKNOWN) (# YES, GIVE	WAR OR DATES)	213-60-2	2264	William A.				
OR CONTRIBUTING CAUSE OF DEATH	gove coust unde	e rise to immediate (a), stating the erlying cause lost 2 OTHER SIGNIFICANT CO	(c)ONDITIONS CC	R AS A CONSEQUE and 1 un DINTRIBUTING TO	JENCE OF CANC	Ser	MINAL DISEASE OR C	ONDITION (YES, WERE FIND	INGS USED
OR CONTRIBUTING CAUSE OF DEATH	E E	3/4/0/	L	ing cance	er		YES X NO	_		
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Rudiger Breitenecker, M.D. 6701 N. Charles St. Baltimore MD 21204	22a so a 22b S	22a.1 certify that (1) (this hospital) attended the deceased from 5/4, 19.87, to 5/6, 19.87, that (1) (we) los sow the deceased alive on above, (1) (we) (did not view the party of the earth. DEGREE 22a.1 certify that (1) (this hospital) attended the deceased from 5/4, 19.87, to 5/6, 19.87, that (1) (we) los sow the deceased alive on above, (1) (we) (did not view the party of the earth. DEGREE 22c. DATE SIGNED								e causes stated E SIGNED
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Burial 5-9-87 New Cathedral Balto. Md	(SPECIFY)	i	5-9-8				Balto	•	COUNTY	STATE
74 FUNERAL DIRECTOR 1050 York Rd 250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE ADDRESS TONSON Md 21204 MAY 8 1987					105	O York Rd 250. DA	TE REC'D. BY REGIST	RAR 256. REG	STRAR'S SIGNA	TURE

Ruck Towson Funeral Home, Inc. Towson, Md.21204

DHMH - 16 60M 7/84 (VRA 15, 4)

TO HOSPITAL

BP.



DHMH - 16 60M 7/84 (VRA 15, 4)

- STATE

REGISTRAR

1. DECEASED NAME

24 FUNERAL DIRECTOR State Anatomy Board

5-23-87

Remova]

Balto., Md.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

MONTH

YEAR

8

IF UNDER I YEAR

INDUSTRY

Knisley

YES

COUNTY

Eastern Ave.

21221

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

26 HOUR

176. KIND OF BUSINESS OR

21133

STATE

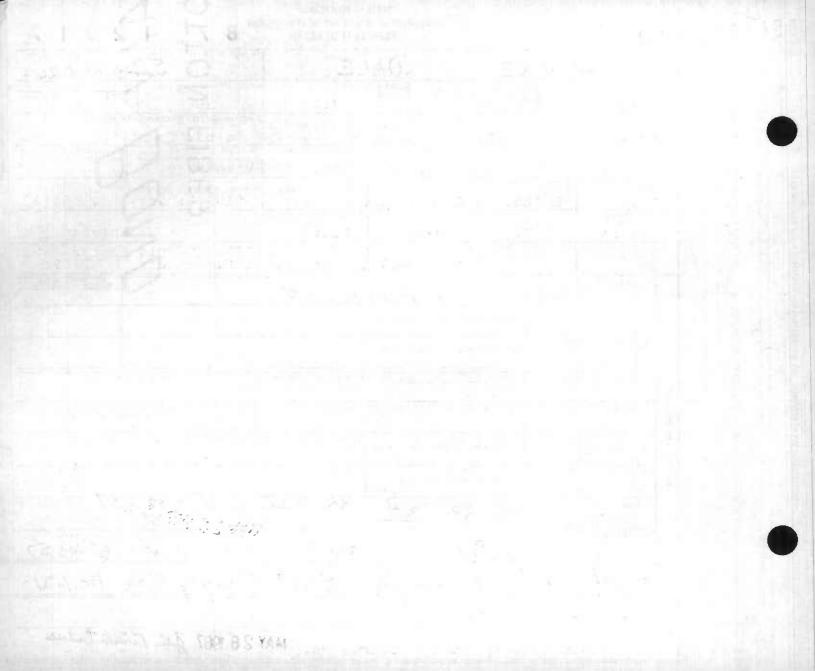
20. DATE OF DEATH

MAY 28 1987 Julia District Renders

CITY OR TOWN

COUNTY STATE

22c DATE SIGNED

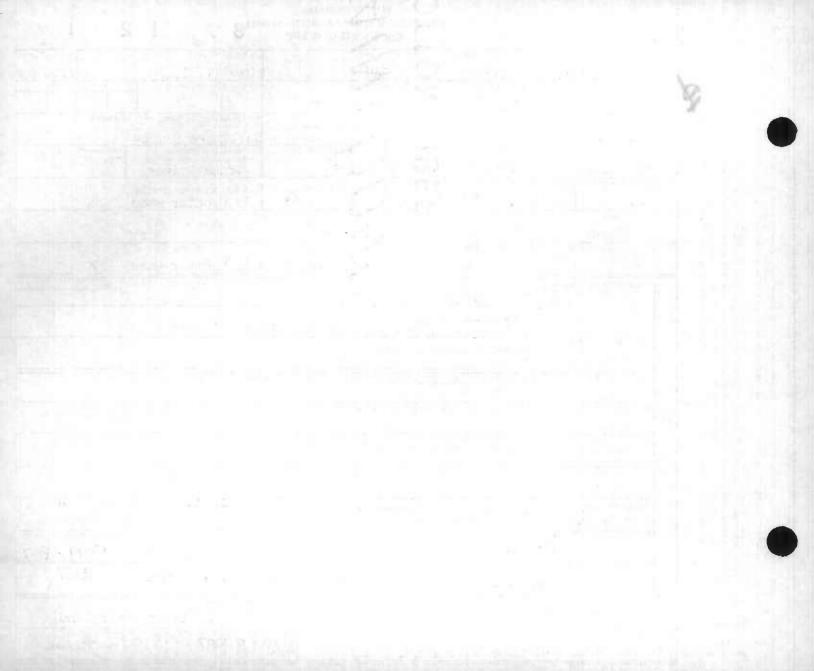


STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1		REGISTRAR				CERTIF	ICATE OF DEAT	TH	Ö	REG. NO	0.	6	7	2	1	
		CEASED NAME	FIRST		MIDDLE		AST		20. DATE C	OF DEATH		DAY	YEAR	26 HO	UR	
	(1176	Howa	rd	Norman		DEAN	DEAN		May 11, 1987				7:55 p _A		5 pm	
X	3. SE)			4 RACE		5. DATE C		YEAR		YEARS LAST BIR		IF UNDER	DAYS	IF UNDER		
2		Male		White			20 1937	TEAR	49)	YRS.	MONTHS	DATS	HOURS	MIN.	
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		W. Va.		USA	A	WIDOWE			Balti	more (County	V	444		MD.	
-	10 CI	TY OR TOWN OF DEA	тн		HOSPITAL, NUR		NG HOME OR OTHER INSTITUTION 126. USUAL OCCUPATION 126. KIND OF BU (1) PE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY						F BUSIN	ESS OR		
		Rossville		Frankl	Lin Squa	are Hos	e Hospital Truck Driver									
unger!		AL RESIDENCE (IF NURSI	136 COU		GIVE RESIDENCE BE		13d. INSIDE CITY L	IMITS?	13e.STREET ADDRESS / ZIP CODE							
)		Md.	Ba	lto.	MiddleF			**		ecatu			220			
1	14 FA	THER'S NAME		MIDDLE	LAST		15 MOTHER'S MA	IDEN NAM	ΛE	MIDDLE	100		LAS!			
1		Oscar			Dean		Sarah				Bur	ton	· AJ			
		VAS DECEASED EVER		MED FORCES?	166 SOCIAL SI		17 INFORMANT		MILE	ADDRE	SS	77				
		no			215-34-	-5893	Shirley	y Dean 19 Decatur Road 21220								
		18 CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:										В	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
		PARTI. DEATH W	IMMEDIA	TE CAUSE (a)	ardiopu	Imonary	Arrest									
		DUF TO OR AS A CONSEQUENCE OF														
		Conditions, if any, which gove rise to immediate (b) Metastatic Large Cell Carcinoma of Lung														
		couse (a), statin	g the	DUE TO, O	R AS A CONSE	QUENCE OF										
	underlying couse last. (c)															
	z	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN I									VEN IN P	ART 110	13			
_	CERTIFICATION	19a DATE OF OPERAT	HON	TION CONID	ITION FOR WAY	ICU OBERATIO	OPERATION WAS PERFORMED			20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED						
1	FIC.	198 DATE OF OPERAT	ION	198. COND	ITION FOR WH	ICH OPERATIO	N WAS PERFORME	D	200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?					TH?		
600	ERTI	21a ACCIDENT WAS UND	ERIVING F	21b. TIME C	E IN HIDV	-	Tale HOW IN HIR	CCCURRI	YES NO YES RED (ENTER NATURE OF INJURY IN ITEM 18 PAR							
3		OR CONTRIBUTING			M. MONTH	DAY YEAR	THE HOW HAJOR	OCCORRI	ED (ENTERN	LATURE OF INJUR	RY IN ITEM 18	PARTION	PART 2)			
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		abave XII (we) (c	lid) XIIXIX	t) view the body	ofter deoth		DEGREE			ad an inc de	are and no			SIGNED		
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		Anil Mir	nocha	, M.D.			9000 Fr	ankli	in Squ	iare. D	rive		217	23/		
	23a. B	URIAL, CREMATION,	REMOVAL				EMETERY OR CREM		23d LOC			LOUNT	Y		STATE	
		Burial		5/15/	87	Oak Lav	vn Cemete	-		Balti			ryla	and		
	24 FL	JNERAL DIRECTOR			ADDRES	55	Be Salle	25a. DATE		REGISTRAR						
	Connelly Funeral Home 300MaceAve. 21221 MAY 1 3 1987 Minden Pandage										-					

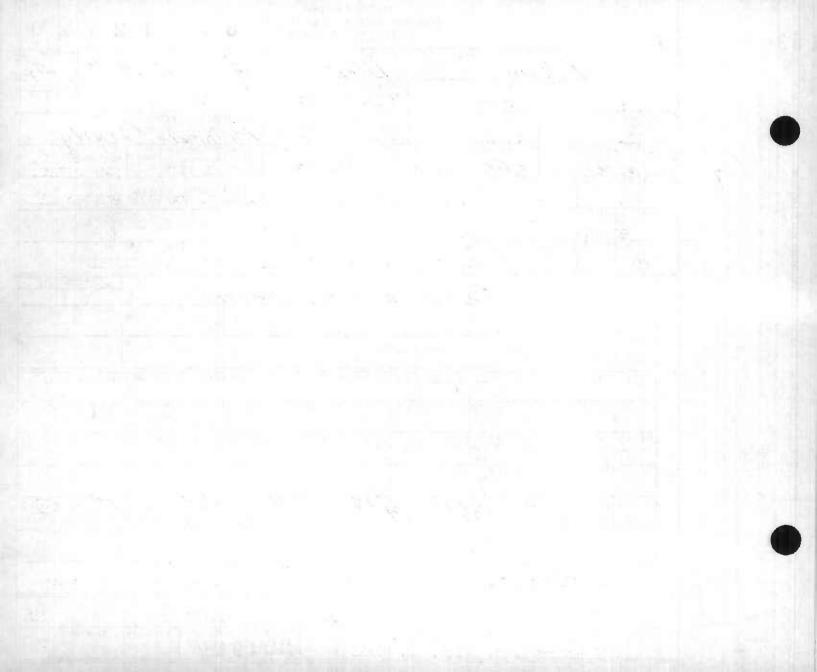
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(VRA 15, 4)

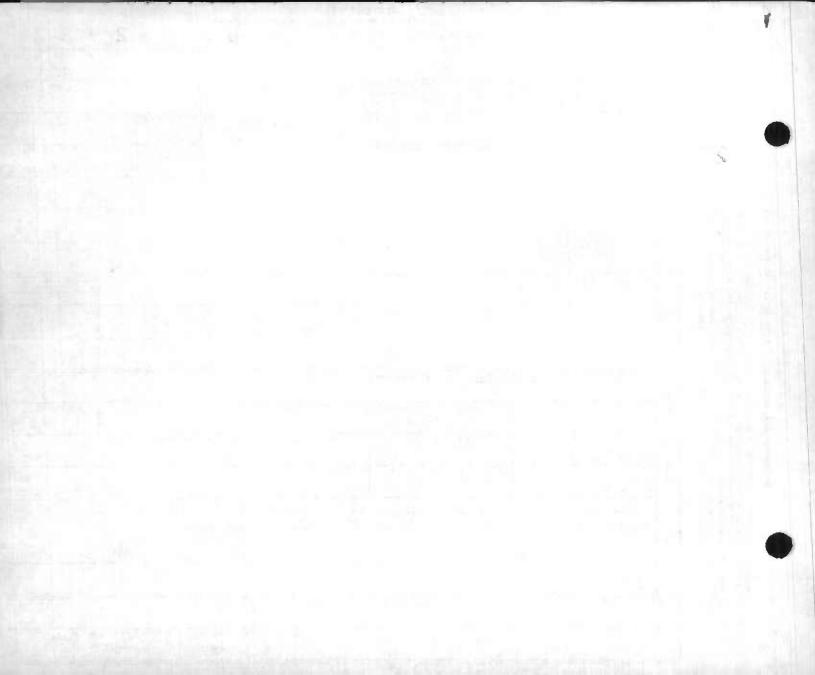
STATE OF MARYLAND



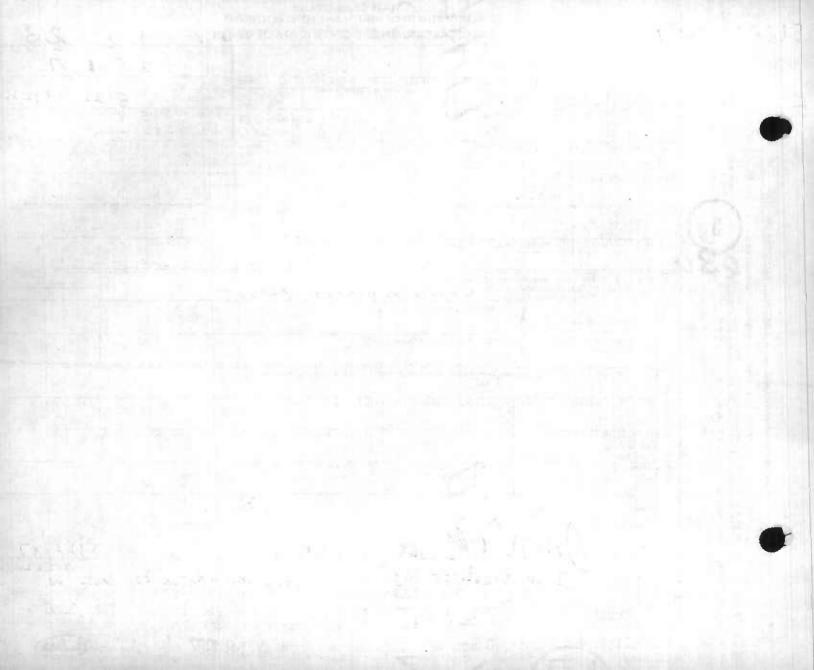
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9 9 I IMY	I. DECEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH DAY	YEAR 26 HOUR			
star page 3		ORY.	DEARDOFF	MAY 6, 1987	7:05 R			
ter p	3. SEX	4 RACE	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY) IF UN	NDER I YEAR IF UNDER 24 HRS			
s a s	MALE	WHITE	12 01 1899	87 YRS				
177 P. C.	76 BIRTHPLACE (STATE OR FOREIGN COUNTRY) PENNSYLVANIA	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE COUNTY OF BALTIMORE COUNTY	DEATH			
16×2=	FORT HOWARD	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET VAMC, FORT HOW	IG HOME OR OTHER INSTITUTION ADDRESS) ARD, MARYLAND		26 KIND OF BUSINESS OR NDUSTRY			
11/25	130 STATE 136 COL	OR OTHER INSTITUTION GIVE RESIDENCE BEFORE	ADMISSION) 13d INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CODE 3129 WALLFORD DR	IVE 2 22			
13/3	JOHN FATHER'S NAME	MIDDLE DEARDO	15. MOTHER'S MAIDEN NA	15. MOTHER'S MAIDEN NAME				
d co	160 WAS DECEASED EVER IN U.S. A	N/E W/AR OR DATES		ADDRESS	MICHAEL TO			
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m raned by the attending phys. Then please remove carbon pop to burial, cremation, or removo	PART I. DEATH WAS CAUS IMMEDIA Conditions, if any, which gove rise to immediate couse (o), stating the underlying couse last. PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQUE (b) RECURR DUE TO, OR AS A CONSEQUE (c) CACHEXIA	ARTERY DISEASE ENCE OF ENT ASPIRATION PNE	ZUMONIA MINAL DISEASE OR CONDITION GIVEN I	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
1 100	190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING		OPERATION WAS PERFORMED	YES NO XX YES				
certificate certificate contracte co	OR CONTRIBUTING CAUSE OF D	HOUR A.M. MONTH DA	AY YEAR 19	RED (ENTER NATURE OF INJURY IN ITEM 18 PART I	OR PART 2)			
the this to the bush	THE EITHER NOTIFY MEDICAL EXAMIN 218 INJURY OCCURRED WHILE NOT WHILE AT WORK	216. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC.)	CITY OR TOWN	COUNTY STATE			
CTOR: A for utt of Healt 21 u me	30 W THE OCCEDISED OTIVE O	ontal) attended the deceased from MAY 6	MAY 5 , 19 87 87 , and that in (my) (aur) apinion	death accurred an the date and haur one	, mai (ii (we) lasi			
Att. Cher	226. SIGNATURE	pm	DEGREE ATTENDING PHYSICIAN [ATTENDING MEDICAL STAFF				
TO FUNE should be whole Se whole Se	BALA S. DUG	GIRALA, M.D.		FORT HOWARD, MARYLA	ND 21052			
BP	230 BURIAL, CREMATION, REMOVA SPECIFY Burial	5-9-87	NAME OF CEMETERY OR CREMATORY Dak Lawn	Baltimore Maryl				
MH - 16 60M 7/84 (VRA 15, 4)	24 FUNERAL DIRECTOR DUCA-	Wise Ave. Dundal		FREC'D BY AFGISTRAR 256 REGISTRAR	S SIGNATURE			

EDMONDSON AVENUE, CATONSVILLE, MD. 21228

(VR A15 ME (5))



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE -STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME 28. DATE KNOWN OF ESTI-(TYPE OR PRINT) Elizabeth Deets Rosina 4. RACE 6 AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2d. HOUR 5 DATE OF BIRTH 2c DATE 75 YRS. PRONOUNCED Feb. 5 1912 DEAD Female White 7g. BIRTHPLACE (STATE OR LOUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) Baltimore County USA PA. DIVORCED 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION Housewife 616 North Stuart Street Essex UAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13c. CITY OR TOWN ESSEX 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Balto. Md. 616 North Stuart Street21221 15. MOTHER'S MAIDEN NAME 4. FATHER'S NAME MIDDLE MIDDLE Riley William Conger 166 SOCIAL SECURITY NO. Rosina ADDRESS WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT (YES, NO, OR UNKNOWN) 220-68-0451 Elaine Crocken 3322 Lerch Drive 21214 no 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: CARDIOPULMONARY IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES . NO T 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 218 PLACE OF INJURY (AT HOME, 211 LOCATION AT WORK AT WHILE STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY Inspection X 22a. I certify that I took charge of the remains described above, held an and in my opinion Natural causes Hamicide Undetermined manner TITLE (SPECIFY) SIGNATURE EXAMINER'S NAME MORNINGTON 6800 DX A D BA 730. BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY Baltimore Oak Lawn Cemetery 5/26/87 Burial BP 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE **DHMH - 17** ConnellyFuneralHome 300MaceAve, 21221 (VR A15 ME (51) 15M 7/76



DHMH - 16 60M 7/B4 (VRA 15. 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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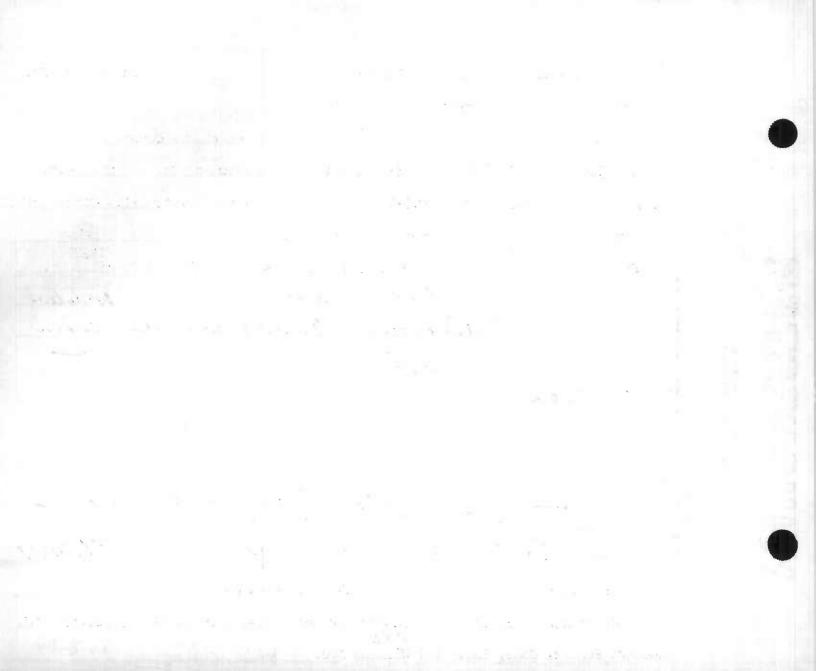
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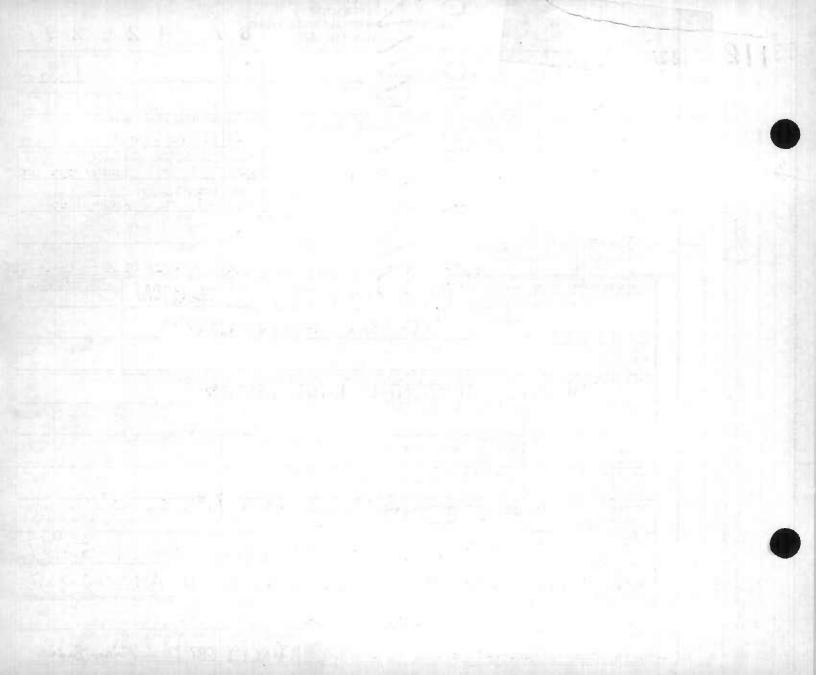
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO 1. DECEASED NAME LAST 24 DATE OF DEATH 76 HOUR DIAMOND 3:42P.M OLIVER IF UNDER 1 YEAR IF UNDER 24 HRS 4 RACE 5 DATE OF BIRTH 6 AGE LIN YEARS LAST BIRTHDAYL MONTH YEAR WHITE 16 06 80 MALE 9. BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE ISTATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY WIDOWED DIVORCED [MARYLAND U.S.A. Baltimore County CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12h KIND OF BUSINESS OR LTYPE OF WORK FOR MOST OF WORKING LIFE) HE NOT IN SUCH FACILITY GIVE STREET ADDRESS! INDUSTRY Trucking Co. Self Emp. 1107 Outlett Mills Court Catonsville ISUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 1136 COUNTY 3e STATE 13r. CITY OR TOWN 13e STREET ADDRESS / ZIP CODE 134 INSIDE CITY LIMITS? Catonsville 1107 Outlett Mills Court Baltimore Maryland 15 MOTHER'S MAIDEN NAME 4-EATHER'S NAME MIDDLE LAST MIDDLE LAST Eskay Estella Diamond James ADDRESS 166 SOCIAL SECURITY NO. 17. INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 21228 (YES NO OR UNKNOWN) 1107 Outlett Mills Ct 212-07-0271 Ethel E. Diamond NO 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and ic PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) DUE TO OR AS A CONSEQUENCE OF under V souls Reser Conditions, if any, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 CERTIFICATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF NO F 210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 10 214 INJURY OCCURRED 21s. PLACE OF INJURY 21f LOCATION COUNTY CITY OF TOWN STATE STREET (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a | certify that (1) (this hospital) attended the deceased from sow the deceased alive on. and that in (my) (and opinion death occurred on the date and hour and from the causes stated (did not) wew the body after death 226. SIGNATURE DEGREE 22 DAJESIGNED ATTENDING 1 MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 224 PHYSICIAN'S NAME ITYPE OR PRINTS 22e ADDRESS d b MPORT Cliff Ratliff 5772 Westview Mall 230 BURIAL CREMATION REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION BP 5/27/87 Security Process Crem. Catonsville Cremation 24 FUNERAL DIRECTOR 21229 DHMH - 16 60M 7/84 Hubbard Funeral Home, Inc. 4107 Wilkens Ave. (VRA 15, 4)



	1			STAT	E OF MARYLAND									
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es σ €		DECEASED NAME FIRST	MONTH DAY	YEAR 2b	HOUR									
may be page 3			MENIA (Philippi		iDOMENICO	May 21, 1987								
tor. p	3.	Female	White	5. DATE (ary 22, 1899	& AGE (IN YEARS LAST BIR	THDAY) IF UN	DERTYEAR IF L	UNDER 24 HRS					
direct hours e.						88 _{YRS}								
ter death P ne funeral d within 72 ha	8	BIRTHPLACE (STATE OR FOREIGN COUNTRY) Massachusetts	76 CITIZEN OF WHAT COUNTRY U.S.A.	MARRIE		Baltimore city o	ore Cour		MD.					
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filled in avid be		WAL RESIDENCE (IF NUR STATE Maryland Bal	other institution overesidence been in the contract of the con	ZIP CODE ingham (t. 210	84								
hin sh	SR	FATHER'S NAME	MIDDLE LAST	dimen,	15 MOTHER'S MAIDEN NAM	ME	No. No. 1	1457						
1	Ψ	Francisco	DiDomenico	Fili	ilicichia									
1 0	16	WAS DECEASED EVER IN U.S. AR	E MAR OR DATES		17 INFORMANT	ADDRI								
1 45/	1	NO (IF YES, GI	215-10	- 7536	Mrs. Margaret	Castoro,	same as							
1		18 CAUSE OF DEATH (Enter or	nly ane cause per line for (a), (b), (b)	and (c)	0			APPROXIMATE BETWEEN ONSE	INTERVAL T AND DEATH					
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NG PHYSK ottending riter this ce as the buric th and Men	1	WHILE NO! WHILE	P.M. 21e PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE	E, FARM, ETC)	211 LOCATION	, CITY OF TO)WN	COUNTY	STATE					
or o		22g L certify that (1) (this hasp	tal) attended the deceased from		19	to	19	Abox	(II (we) last					
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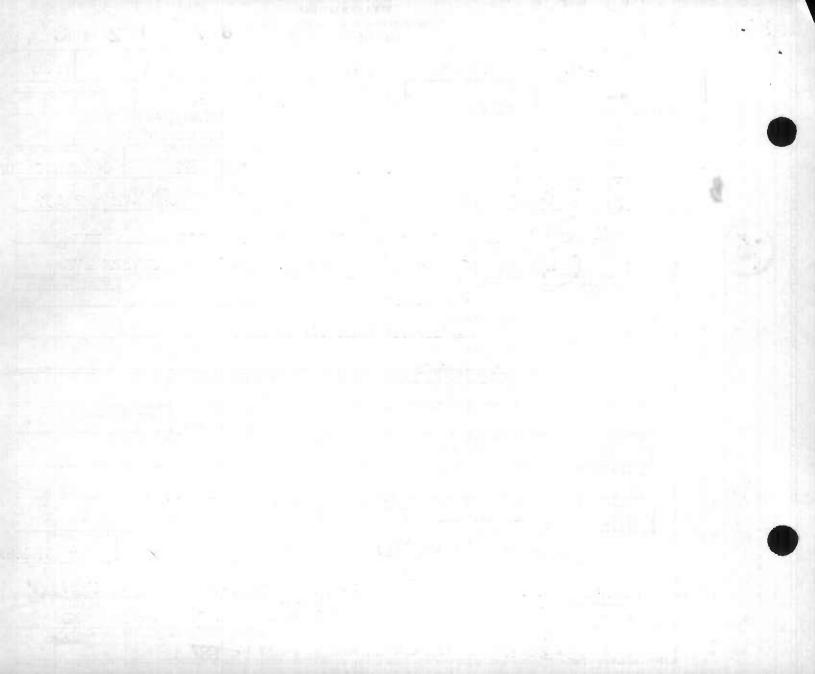
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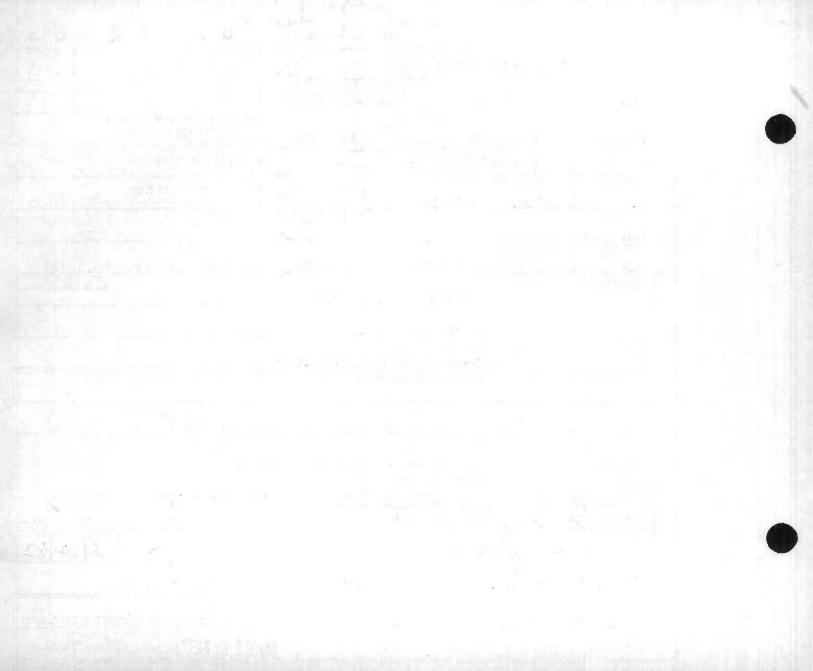
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noy be poge 3		CEASED NAME FIRST Helen	Marie D	UGGAN		AST	May 17, 1		DAY YEAR	26. HOUR 9:45A M				
ge 4 moy ector. po	3. SE	× Female	White		S. DATE O	. 10° 1909 EAR	6 AGE (IN YEARS LAST BIR	THDAY)	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.				
nerol dir		RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF	WHAT COUNTRY?	8 MARRIE WIDOWE	D NEVER MARRIED D	Baltimore County							
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e executed was nond completed was nond completed was nond completed was not		John VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (1F YES, GI		Belsky		Mary 17. INFORMANT	ADDRI	SS	Hamill TAS					
ST., BALTIN intricote be physicion on papers. P emovol.	-	no 216-32-9761 Helen Gruzs 42 South Hawthorne Rd.21220 R CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiopulmonary Arrest												
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 ING PHYSICIAN: The low requires that the death certificate be executed within 24 hours or oftending physician. When this certificate has been signed by the oftending physician and cempletely filled in by as the burial-transit permit. Then please remove carbon papers. Pages I and should be filled in by the and Memial Hygene prior to burial, cremation, or removal. Onked or frem 18 shows ony injury, or other troumotic event, the medical consecutions and the property of the property		Conditions, if ony, which gove rise to immediate cause IoI, stating the underlying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PA												
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by the hosping the hosping of the ho		22d PHYSICIAN'S NAME	pla			DEGREE ATTENDING PHYSICIAN	MEDICAL STAI	F \	22c. DATE					
TO HOSPITAL TO FUNERAL should be deto with the Store I	730	Joseph Kaplar	, M.D.	122.	NAME OF C	9000 Frankli	n Square Dr	ive,	21237					
BP		Burial UNERAL DIRECTOR	5/20			s of Faith	Rossville	25b. REGIST	RAR'S SIGNAT	URE				
DHMH - 16 60M 7/84 (VRA 15, 4)	Co	nnellyFuneralHo	ome 300M	laceAve. 2	21221	M	AY 1 9 1987	Julia	Divideon.	Kandaes				



DEPARTMENT OF HEALTH AND MENTAL HYGIENE

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

Troiden Pendacs

- STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE OF DEATH MONTH 2h HOUR TYPE OF PRINTS May 25, 1987 Ernest Dunn L. 4 RACE 5 DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) 3 SEX IF UNDER 1 YEAR IF LINDER 24 HPS MONTH DAY September 28, 1923 White Male 63 BIRTHPLACE ISTATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY Baltimore County Maryland USA WIDOWED DIVORCED T 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 10 CITY OR TOWN OF DEATH 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Dundalk 3435 Logan View Drive Beth. Steel USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 113b. COUNTY 13a. STATE 13c CITY OR TOWN 13e STREET ADDRESS / ZIP CODE 113d INSIDE CITY LIMITS? 3435 Logan View Drive Baltimore Dundalk NO TX 21222 Maryland 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE H. Rosina Yehle Dunn George 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS LIF YES GIVE WAR OR DATEST 3435 Logan View Drive Yes WW II 216-16-1435 Eula G. Dunn APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for 101, (b), and IC-PART I. DEATH WAS CAUSED BY: ARRES T. DUE TO, OR AS A CONSEQUENCE OF LYMPHOMA DIFFUSE Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IO CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206 IF YES, WERE FINDINGS USED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NON YES 710 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (HE EITHER NOTHEY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE FARM, ETC 1 NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from, sow the deceased alive on MAY 20 H MARCH DEATH sow the deceased alive on_ , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (1) (we) (did) (did not) view the body ofter death 226 SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN & 22d PHYSICIAN'S NAME 22e ADDRESS HAGGERTU 230 BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION CITY OR TOWN 5-30-87 Beeler Cemetery LaFollette Tennessee Burial 24 FUNERAL DIRECTOR

Duda-Ruck Funeral Home of Dundalk

7922 Wise Ave. Dundalk, MD 21222

DHMH - 16 60M 7/B4 (VRA 15, 4)

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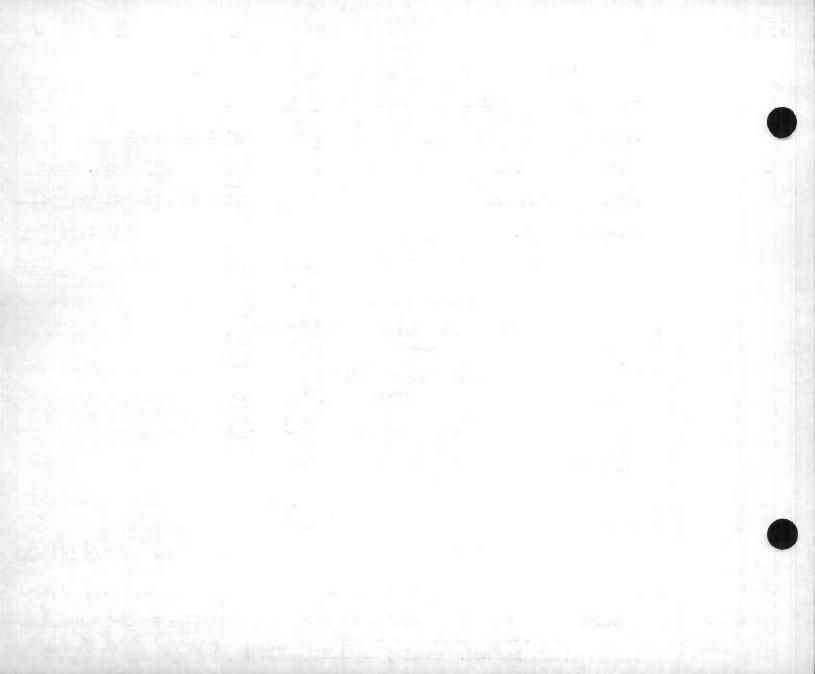
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE OF DEATH MONTH (TYPE OR PRINT) NEVAH ECKARD SR MAUJIW 4 RACE 3 SEX 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IE LINDER 21 MRS 5. DATE OF BIRTH White 1 DAY 1923 Male BIRTHPLACE ISTATE OR FOREIGN 9. BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED A NEVER MARRIED Maryland U.S.A. Baltimore City WIDOWED 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION NAME OF HOSPITAL, TWO THE INDUSTRIES ADDRESS)

(IF NOT IN SUCH FACILITY GIVE STREET ADDRESS)

Medical Center

Balt. Medical Center 12h KIND OF BUSINESS OR Farmer TTYPE OF WORK FOR MOST OF WORKING LIFE Maryland Greater Balt. 13c. CITY OR TOWN 13e.STREET ADDRESS / ZIP CODE 13d. INSIDE CITY LIMITS? Maryland Cockeysvill 2116 Western Run Rd. FATHER'S NAME Naomi Flickinger Blank DeTiah Samuel Eckard Westminster, Md. 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT 219-14-8804 Bessie E. Eckard £8 Madison St. 21157 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and PART I. DEATH WAS CAUSED BY supplemente coronau arteri diseaso IMMEDIATE CAUSE (D) Conditions, if ony, which gove rise to immediate couse (o), stoting DUE TO, OR AS A CONSEQUENCE OF underlying couse ART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF CONDITION GIVEN IN PART 1(a) CERTIFICATION 396. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO IT 71b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 218. ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED 21e PLACE OF INJURY 211. LOCATION CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) WHILE NOT WHILE 22a.1 certify that (1) (this bespital) attended sow the deceased alive on obove. (I) (we) (did not) view the body after death and that in (my) prinion death occurred on the date and hour and from the causes stated DEGREE ATTENDING ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN FUNERAL old be deta h the State Westminster, Md. 21157 Park W. Espenschade Jr. 218 Washington Hgts Medical Center Evergreen Memorial 230 BURIAL, CREMATION, REMOVAL 23b DATE 23d. LOCATION Burial 5-12-87 Finksburg Gardens Carroll Md. Fletcher & Son F. H750 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE Thomas DHMH - 16 60M 7/84 (VRA 15, 4)

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FOR STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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þ	z	PART 2 OTHER SIG	NIFICANTO	ONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED	TO THE TERM	VINAL DISEAS	EORCON	DITION G	VEN IN F	ART-110		
9	CERTIFICATION		11011	Time control	1011500111110	ODED ATIO	NAME OF STREET	20050	100 0117	ODCY2	Table 15 VI	C MEDE	FINITAL	0011155	
1	FICA	19a DATE OF OPERA	TION	196 CONDI	TION FOR WHIC	H OPERATIO	N WAS PERFO	KMED	200 AUTO		IN CERT	IFYING C		GS USED OF DEATH?	,
	ERT	21g. ACCIDENT WAS UN	DEBLYING [21b. TIME O	E INTUIDY		Tale HOW/IN	IUDY OCCUPE	YES 🗌	№ □		ES 🗌		NO []	
		OR CONTRIBUTING		110110 4	M. MONTH	DAY YEAR	ZIC HOW IN	JURY OCCUR	KED LENTER NA	ATURE OF INJUI	RY IN ITEM 18	PART I OR	PART 2)		
	MEDICAL	(IF EITHER NOTIFY MED		P./ 21e PLACE (19	211 LOCATIO	ON							
	MEC	WHILE NOT W			EET, FACTORY OFFICE	E, FARM, ETC)	STREET	214		CITY OR TO	WN	COL	UNIY	STAT	E
	3	AT WORK AT WC)RK			any	1/2	01		20 M	law .	F	7		
		22a I certify that (I			deceased from	A-1	nd that in (my)	(our) apinion	depth occurre	ed on the	ate and he	19		hat (I) (we)	
		27h SIGNATURE			after death.	//	DEGREE	(our) opinion		id on me	are ond no		. DATE S		u
		//	19/	reners	. /	2.69)	TTENDING .	MEDICAL	STAF	FF	1"	. DAIL S	2018	7
		214 PHYSICIAN'S N	AME ITYPE OF	men /	MI	24.0	122e ADDRES	PHYSICIAN A	DIRECTOR	PHYSIC	IAN		3 /		
E		4050	erte	Lera.	the of	AINESS	20	1105	old Ed	ester	n A	re.	21	221	
-1	23n B	BURIAL, CREMATION	REMOVAL	23b DATE	1237		EMETERY OR		123d LOC/						
	((SPECIFY)		5-22-				REMATORT	CITY	ORTOWN	NO 16	COUNT	5 cc	STAT	E
į	24 FL	Buria:			uneral F	Oak I	Dunda	1 1- 250 DAT	E REC D. BY F	REGISTRAR	25h REGIS	TRARS	HGNATI	JRE -	
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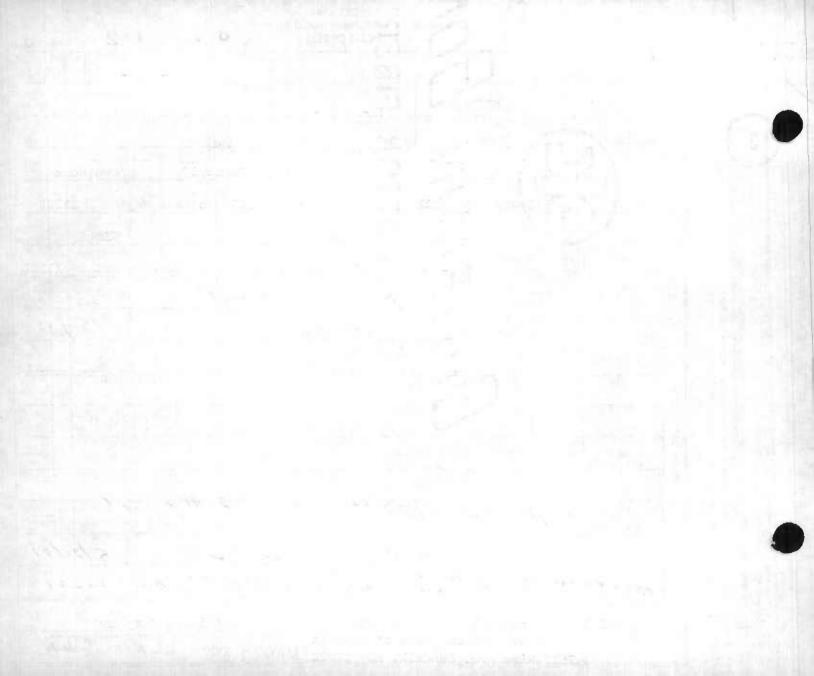
7922 Wise Ave. Dundalk, MD

DHMH - 16 60M 7/84 (VRA 15, 4)

TO HOSPITAL

BP.

MPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the

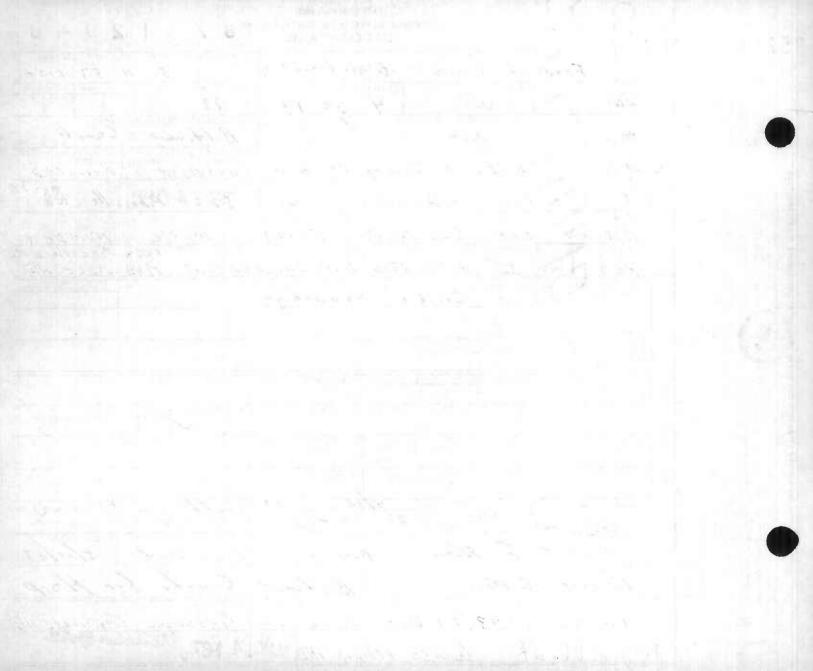


	- 1			STATE OF MARYLAND		
		FOR - STATE	DE	PARTMENT OF HEALTH AND MENTAL HY	GIENE 5	10000
5500A III	W - 5	7 REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	12939
0 0 4 0 1 00		DECEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH MON	
7 64		Florence	e A.	Enderline	5	- 30 87 2 20 AM
2 43	3.	SEX	4. RACE	5. DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIRTHDA	Y) IF UNDER LYEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
1 010	-	Female	White	Jan. 17 1905	82	YRS.
4 41 16	70	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COU	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR CO	OUNTY OF DEATH
1 85 4	1	Penn.	U.S.A.	WIDOWED DIVORCED	Baltimore	County . MD.
1 13/1	7/10	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, I	NURSING HOME OR OTHER INSTITUTION	17a USUAL OCCUPATION	
5 120 3	70	Towson	Stella Mar	is Hospice	Sales	. Advertising
2 2 53	90	AL RESIDENCE (IF NURSING HOME OF STATE 136 COL	OR OTHER INSTITUTION, GIVE RESIDENCE JNTY	CE BEFORE ADMISSION) OR TOWN 136. INSIDE CITY LIMITS?	130 STREET ADDRESS / ZII	(1/1/3/1/1
AND 124	2	Penn.		adelphia YES 🔊 NO 🗆	1700 Parkw	
E La	OY	ATHER'S NAME	WIDDLE	15 MOTHER'S MAIDEN NA	AME MIDDLE	TZAI
A P P	9 (C	Thomas	Smit		t	Keenan
# 7	-	WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIA	AL SECURITY NO. 17 INFORMANT	ADDRESS	
A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	5	No		09-4870 Joseph Kad	elin	Phoenix, Md.
M so contract		18 CAUSE OF DEATH (Enter of	only one couse per line for (a),	(b), and (c).)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
The state of the s		PART I. DEATH WAS CAUS	ATE CAUSE (a) CA	Lung		
NO # Manual		1387 68	DUE TO, OR AS A CON	NSEQUENCE OF		
EST dear dear dear from the from the front dear dear dear dear dear dear dear dear		Conditions, if any, which	(b)			
2 4 4 1 1 1		gave rise to immediate cause (a), stating the	DUE TO, OR AS A CON	NSEQUENCE OF		
ther they seek		underlying cause last	(c)			
S. 28			CONDITIONS CONTRIBUTION	NG TO DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION	ON GIVEN IN PART TO
080 0 1 1 1 0 1 1						
A THE	0	98. DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATION WAS PERFORMED	200 AUTOPSY? 20	Ib. IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH?
The The connection of the second	\times	210 ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21 HOW BURNING COM	YES NO	YES NO
FV NAME OF STREET		OR CONTRIBUTING CAUSE OF D	110110 1 11 11011	TH DAY YEAR	RRED (ENTER NATURE OF INJURY IN	ITEM 18 PART I OR PART 2)
ON DEPTH OF	7	(IF EITHER NOTIFY MEDICAL EXAMIN		19		
OS 27 42 7		214 INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY,	OFFICE, FARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
DIV ON THE PROPERTY OF THE PRO		al work Al work		= 0	2 7 70	83 -
D N N N N N N N N N N N N N N N N N N N		22s.1 certify that (1) this test	pital) attended the deceased	47.7	2 10 5-30	and hour and from the course stated
THE PERSON NAMED IN COLUMN 1		obove, (I) www.pd.d.d.d.d.	not; view the body after death	DEGREE	wearn accurring on the date of	
2 2 2 2 2 2		200	~	ATTENDING	MEDICAL STAFF	6/1/97
THAT THE PARTY OF	-	224 PHYSICIAN'S NAME (TYPE	OR REINT)	PHYSICIAN 22e ADDRESS	DIRECTOR PHYSICIAN	7/1/01
SOT NAT A STAN					k Dood Do	140 140
Of Of M	1	Alan J. Balo		10629 Yor		ilto., MD
-00000	23	BURIAL, CREMATION, REMOVA (SPECIFY) Cremation	236. DATE 6-1-87	236 NAME OF CEMETERY OR CREMATORY Green Mount	23d LOCATION CITY OR TOWN	COUNTY STATE
149 8097	1	FUNERAL DIRECTOR	0.1-01		Balto.	Md.
DHMH - 16 60M 7	/84		AE AE	Co., Balto., Md.	TE REC'D. BY REGISTRAR 256.	REGISTRAR'S SIGNATURE
(VRA 15, 4)		Henry W. Jen	kins & Sons	Co., Balto., Md.		Landack Cardack

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Hans V. Jain & sa vo., Elto., vr.

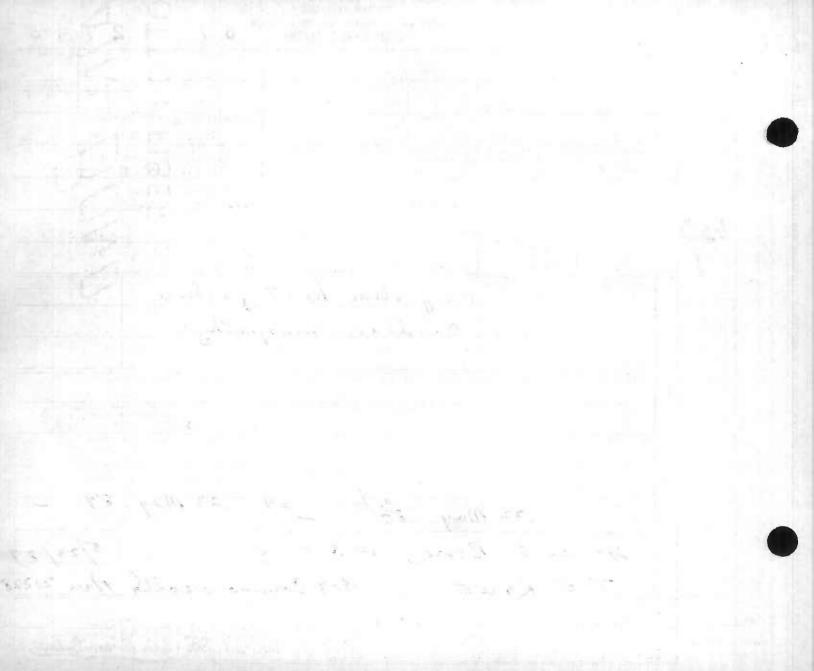
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noy be death		CEASED NAME	FIRST Pecker	ich E	MODLE	En	9/2 6120	14 5	a DATE OF DEA		DAY YEAR	26 HOUR	
ge 4 moy ector, pog rs offer de	3 SE	×		4. RACE	1	S. DATE C	F BIRTH	YEAR 6	AGE (IN YEARS LA	AST BIRTHDAY)	MONTHS DAYS	R IF UNDER 2	
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ompleteling s		ATHER'S NAME PDD 1 SO	N	MIDDLE	ENGLEC	10011	-	ERTA	m	3R/C	mi.	NDE	P
be execution on ond constant in the medical		WAS DECEASED EVER YES, NO OR UNKNOWN)		MED FORCES?	217-05-	- 1	RUTH		BRECH	T A	HESUIZ	LE, M.	10
quires that the de signed by the oth then please remove to borioù, crematio hury, or other trou-	NOI	Canditions, if any, gave rise to immacause (a), stating underlying cause PART 2 OTHER SIGN	nediote ig the last.	(c)_	OR AS A CONSEQU		NOT RELATED TO	O THE TERMIN	AL DISEASE OR	CONDITION	GIVEN IN PART 1	lía	
he los no been to be no been t	CERTIFICATION	19a. DATE OF OPERA	TION	196 COND	DITION FOR WHICH	OPERATIO	N WAS PERFORM	MED	200 AUTOPSY?	IN CER	YES, WERE FIND RTIFYING CAUSE YES	DINGS USED ES OF DEATH	H?
heysiciani inding aheric his careticate burial-trans d Mannal Hyg	MEDICAL CER	216. ACCIDENT WAS UNIT OR CONTRIBUTING (IF EITHER NOTIFY MED) 21d INJURY OCCUR	CAUSE OF DEA	HOUR A P 21e PLACE		AY YEAR	216 LOCATION			OR TOWN	18 PART I OR PART 2)		ATE
OR ATTENDING 1 - haspitol or other DRECTOR After 1 ched for use as the Dopt of Health on Nem 21 is marked	2	220.1 certify that the saw the decease above. H five) [22b. SIGNATURE]	this haspi	attended 1)	he deceased from_	9/ 82 , or	DEGREE			the date and I	hour and from the	, that +4 (m	e last
O HOSPIFAL O FUNERAL I Public Bell of Fune Ball of Manual De detre		22d. PHYSICIAN'S N.	AME (TYPE C	or PRINT) L. M.	Mon oss	/	220 ADDRESS Balt	YSICIAN	MEDICAL DIRECTOR PH	STAFF	ben 1	11/8	0
BP		BURIAL, CREMATION, (SPECIFY) BURY		236 DATE 5 / 13	187 D	NAME OF C	RIDGE	Cem.		SVILLE		more	ATE M
DHMH - 16 60M 7/84	24 F	UNERAL DIRECTOR	0	02	A ADDRESS	W	lue m	250 DATE F	1 4 1987	RAP 250 REG	THE PASSING IN	Sittle BL	



t O PAY I	1	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 7 REG. NO.	2 9 4 2						
M €		CEASED NAME FIRST GEB	MIDDLE MIDDLE	ERDMAN	20. DATE OF DEATH MONTH	16 87 26 HOUR 9:30 A						
n other p	3. SE	x emale	Causcian	5. DATE OF BIRTH		IF UNDER 1 YEAR IF UNDER 24 HRS.						
34		Baltimore , Md.	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR COUNTY TOWSON, MAIN							
1-9	0	Dulaney Valley	"Stella" Marrie		120. USUAL OCCUPATION 12b. KIND OF BUSINESS OR 11YPE Office Securitary DUSTRY Clerical							
(0)	W	land Ba	or other institution, give residence before III. CITY OR TOV Loch Hi	11 13d INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP CODE 6686 Loch Hill	21234 Road 34						
1080		James M. E			Carlos	LAST						
Popes /	60	WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SECULIVE WAR OR DATES) 212-01	-8811	ADDRESS Luxenberger 607	Mulberry Lane						
signed by the attendin Then please remave carb to burial, cremation, or njury, or ather traumation		gove rise to immediate couse (a), stating the underlying couse last. PART 2 OTHER SIGNIFICANT	couse (a), stating the DUETO, OR AS A CONSEQUENCE OF									
te has been set permit.	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CERTIF	WERE FINDINGS USED YING CAUSES OF DEATH?						
ding physicion. Is certificate has burial-transit per Mental Hygiene ar item 18 shows	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI	EATH HOUR A.M. MOSELH D	AY YEAR 10	RED (ENTER NATURE OF INJURY IN ITEM 18 PA	ART T OR PART 2)						
After this e as the buolith and M	MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	IAT HOME STREET SECTION OFFICE	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE						
CTOR: A for use of Health			oital) attended the disclosed from n 19 19 oot) view the body office death.	, and that in (my) (our) opinion		9, that (1) (we) last and from the causes stated						
y the har sale backed detached note Dept.		226. SIGNATURE			MEDICAL STAFF DIRECTOR PHYSICIAN	22c DATE SIGNED						
should be deto		DR. E. NAKH		2300 Dula	ney Valley Road							
BP		BURIAL, CREMATION, REMOVA		NAME OF CEMETERY OR CREMATORY Oruid Ridge Cemeter	73d. LOCATION CITY OR TOWN	COUNTY STATE						
IMH - 16 60M 7/84	1	Burial UNERAL DIRECTOR	ADDRESS	1050 York Road 250 DA	TE REC'D BY REGISTRAR 256 REGISTE	Balto., Md.						
(VRA 15, 4)	R	uck Towson Fune	eral Home, Inc.	Towson, Md. 21204MA	1 1 0 1901							

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							STA	E OF MARYLAND							
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0.0	7 1 0 3 11.11		CEASED NAME	FIRST		MIDDLE	3 3-19	LAST	12	O DATE OF	DEATH MONT	H DAY	YEAR	2b. HOUR	-
	oy be	(TYPE	OR PRINT)	John	T.	V	Farri	sh Sr.		May	23, 198	37			м
	moy by	3. SE			4 RACE		5. DATE	OF BIRTH			ARS LAST BIRTHDAY)		NDER TYFAR	IF UNDER 24 HRS	
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5	C C C	Ba	altimore			Kent A					red: Ed			pany	
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YLA	if the second		THER'S NAME			-		15. MOTHER'S MAID							_
AAR	P P		John		MIDDLE	Farrish		Blanch	10		WIDDLE	I	LeBla		
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O _M	and and	P. (YES, NO OR UNKNOWN)	(IF YES, GIV	E WAR OR DATES)	214-1	2-0386	Mrs. Stel							
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120	sign hen o bu	z	PART 2 OTHER SIGN	IIFICANI (ONDITIONS CO	ONTRIBUTING	TO DEATH BU	I NOT RELATED TO TH	HE LEKWIN	IAL DISEASE	OR CONDITIO	IN GIVEN II	N PART II	a	
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REC	S e e r	F									NOTE	CERTIFYING	G CAUSES	OF DEATH?	
ITAI	N. The	ERT	210. ACCIDENT WAS UND	ERLYING T	1 216. TIME C	OF INJURY		21c. HOW INJURY C	OCCURRE		- CE)		OR PART 21	140	_
7 <	Ad TIOE		OR CONTRIBUTING	AUSE OF DEA	HOUR A.	M. MONTH				, , , , , , , , , , , , , , , , , , , ,					
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2	Afte os os os olth o ork		AT WORK — AT WOR	K		1	10	Jan	74		2 M	244 10	84	1	_
	FN CONTROL OF THE STATE OF THE		220. I certify that (1) saw the decease			ne deceased tr	OIII	and that in (my) (con a	aninian de	ath accurred	on the date or	19_	d from the	that (I) (we) las	51
	ATT ospi ed fo ot. of im 2	1	obove, (I) (we) (d	lid) (did no	t) view the body	after death.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	DEGREEA			an me date at	1007 0110	22c DATE		_
	OR A DIRE Oched Dept		III. SIGNA ORE		~	0		ATTEND		MEDICAL _	STAFF		ZZ. DATE	I I I	
	PITAL by th by th ERAL e dete e dete ANT: I		22d PHYSICIAN'S NA	ME ITYRE	AD DOINT	- we	•	PHYSIC 22e ADDRESS	CIAN [DIRECTOR L	PHYSICIAN			23/8	1
	HOSPITAL ined by the FUNERAL wild be detter the Store CORTANT:		22d. FINISICIAN SINA	WIL (TIPE C	D			Id A				1+0	4	2/1	5
	TO HOSPITAL TO FUNERAL should be det with the State IMPORTANT:		41.	<i>E</i> .	10 u	E		7/3 L	om	man	weak	in	162	re els	
		23o. E	BURIAL, CREMATION,	REMOVAL				CEMETERY OR CREMA			RTOWN		YINU	STATE	
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	(VRA 15, 4)	87	28 Liberty	Road	d Randa	allstow	n, MD.	21133	Wick	141	180	With any		Name of the last	



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REGISTRAR

Female

TO BIRTHPLACE (STATE OR FOREIGN

CITY OR TOWN OF DEATH

Thomas

Conditions, if ony, which gove rise to immediate couse (o), stoting the

underlying couse lost.

Baltimore

Maryland

FATHER'S NAME

L DECEASED NAME

(TYPE OR PRINT)

COUNTRY Maryland

130. STATE

3. SEX

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO LAST 20. DATE OF DEATH MONTH 2h HOUR Mildred Irene FISHER May 15. 1987 7:33 am 4 RACE S DATE OF BIRTH 6. AGE TIN YEARS LAST BIRTHDAY IF UNDER 24 HRS June 25, DA 1909 TEAR White Th CITIZEN OF WHAT COUNTRY BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED U.S.A. Baltimore County WIDOWEDICK DIVORCED [11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Franklin Square Hospital Housewife Home Maker USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 1136 COUNTY Baltimore 13e STREET ADDRESS / ZIP CODE 113d INSIDE CITY HMITS? 336 Holy Cross Road 21225 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Jenkins Oliver Moore Georgia Mae ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT Francis E. Fisher 219-01-9165 Same as 13e APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY: Respiratory Failure IMMEDIATE CAUSE (o)_ DUE TO, OR AS A CONSEQUENCE OF Congestive Heart Failure DUE TO, OR AS A CONSEQUENCE OF Myocardial Infarction 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO NO [

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF FITHER NOTIFY MEDICAL EXAMINER) P.M 19 214 IN JURY OCCURRED 211. LOCATION 21e PLACE OF INJURY CITY OR TOWN COUNTY (AT HOME STREET, FACTORY OFFICE FARM ETC) STATE NOT WHILE

Wav 220.1 certify that (1) (this haspital) attended the deceased from_ sow the deceosed olive on May 15 obove, * (we) (od) (did not) view the body ofter death and that in (N) (our) opinion death occurred on the date and hour and from the causes stated

22b. SIGNATURE DEGREE 72: DATE SIGNED

ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS

William Hamilton., MD 9000 Franklin Square Drive., 21237

23(NAME OF CEMETERY OR CREMATORY 23d LOCATION 23a BURIAL, CREMATION, REMOVAL (SPECIFY) 5/18/87 Burial Meadowridge Mem Park Baltimore Howard

24 FUNERAL DIRECTOR George J. Gonce 4001 RitchTess Hgwy Balto Md (VRA 15, 4)

Md

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Series and American and American Beating and the second of the

5055 JUN-	98	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	IENE 8 /	. 12946
1		CEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH	MONTH DAY Z YEAR 26 HOUR
moy be poge 3 er deoth	(TYPE	Malcol	m H.	Flowers, SR.		05 27 87 12:05p M
moy the de	3 SE:		4 RACE	S. DATE OF BIRTH	& AGE (IN YEARS LAST BIR	THOAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
Page 4 mo director. pr hous after		IALS	WHITE	MARCH 14, 1920	61	YRS
2 hod P		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	MARRIED MEVER MARRIED		R COUNTY OF DEATH
deo deo	C	TY OR TOWN OF DEATH	11 NAME OF HOSPITAL NURSI	WIDOWED DIVORCED DIVORCED NG HOME OR OTHER INSTITUTION	Baltimore	
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cote b hysicion oppers. avol.		18 CAUSE OF DEATH (Enter on	ly one cause per line for (a), (b), a	nd (c).)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
phys on pap emave		PART I. DEATH WAS CAUSEI IMMEDIAT		spiratory Failure		
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death attend ove co ition, o		Conditions, if any, which	(b) with lung	cancer		
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thot d by eose ool, c		underlying couse last	with C.O.	P.D.		
equires that the death ce in signed by the attending Then please remove carb to burial, cremation, or r injury, or other traumatic	N.	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN PART 110
bee brior	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	20e AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO
sho site	ER	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21¢ HOW INJURY OCCUR		
HYSICIAN: The ding physicic is certificate burnal-transit mental Hygie or Item 18 sho		OR CONTRIBUTING CAUSE OF DEA		AY YEAR		
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ATTEND sprtal o CTOR A d for use a for use n 21 is m		sow the deceased alive un,	May 19_19_	8/ , and that in (my) (our) opinion	death occurred on the d	ote and hour and from the causes stated
he epite		22b. SIGNATURE	/_	DEGREE		224 DATE SIGNED
PITAL O by the ERAL D Store D ANT: IF		UKF		ATTENDING PHYSICIAN [MEDICAL STA	
O HOSPITAL TO FUNERAL should be det with the Stote		22d PHYSICIAN'S NAME / TYPE O		22e ADDRESS		
TO HOSP etomed It To Fune should be with the SIMPORTA			SONAT		mL	
	23a	BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY	23d LOCATION CITY OF TOWN	COUNTY CO STATE
BP		BURIAL	5 30 1987 L	JULANSY VAIISY	Domit	ium MARYLAND
DHMH - 16 60M 7/84		UNERAL DIRECTOR	ADDRESS ADDRESS	COMMITTORE		Julia Dandon Randallo
(VRA 15, 4)	2	VANS CHAPEL	OFTIEMORIES	ROAD III	IN 1 1987	Julia Derois



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FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

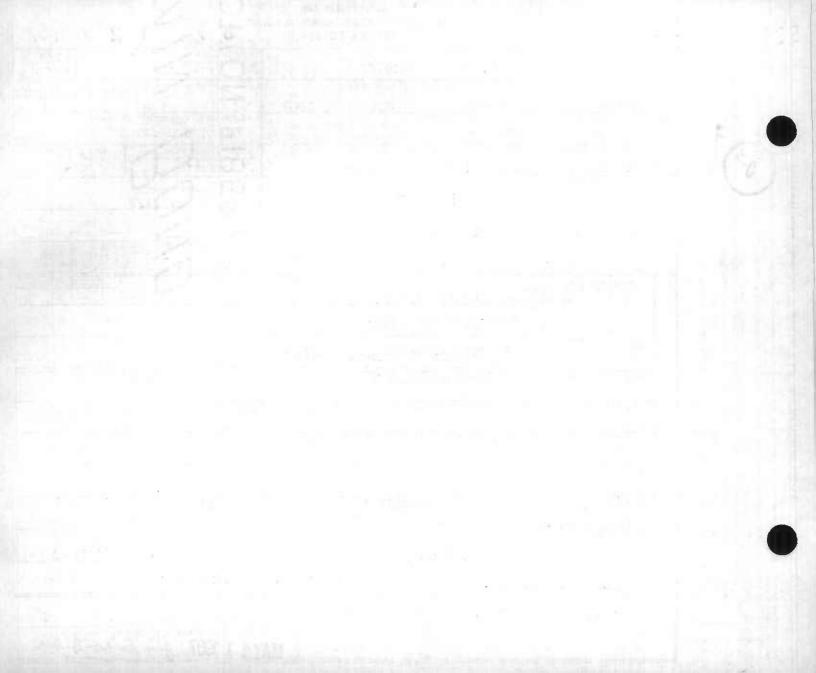
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18 CAUSE OF DEATH Enter only one course per line for (a), (b), and (c)	16	(YES, NO OR UNKNOWN) (IF YES, GI	E WAR OR DATEST					Lane 21117
OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (If ETHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21d INJURY 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, STREEL, FACTORY, OFFICE, FARM, ETC.) 21f. LOCATION STREET CITY OR TOWN COUNTY 22e. I certify that X) (this hospital) attended the deceased from April 16 sow the deceased align an May 4, 1987, that XI 22e. I certify that X) (this hospital) attended the deceased from April 16 22e. Jury Or Town COUNTY 22e. I certify that X) (this hospital) attended the deceased from April 16 22e. Jury Or Town COUNTY COUNTY DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PH		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT (DUE TO PRASACE DUE TO PRASACE DUE TO METAS	ac Arrest Nary Edema Latic Brea	st Carcinoma	minal disease or condit		
OR CONTRIBUTING CAUSE OF DEATH (IF ETHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 22e. I certify that XI) (this hospital) ottended the deceased from April 16 19.87, to May 4, 19.87, that XII 22e. I certify that XI) (this hospital) ottended the deceased from April 16 19.87, and that in (my) (aur) opinion death accurred on the date and hour and from the causes of the deceased olive on May 19.87, and that in (my) (aur) opinion death accurred on the date and hour and from the causes of the deceased olive on May 19.87, and that in (my) (aur) opinion death accurred on the date and hour and from the causes of the deceased olive on May 19.87, and that in (my) (aur) opinion death accurred on the date and hour and from the causes of the deceased olive on May 19.87, and that in (my) (aur) opinion death accurred on the date and hour and from the causes of the deceased olive on May 19.87, and that in (my) (aur) opinion death accurred on the date and hour and from the causes of the deceased olive on May 19.87, and that in (my) (aur) opinion death accurred on the date and hour and from the causes of the deceased olive on May 19.87, and that in (my) (aur) opinion death accurred on the date and hour and from the causes of the deceased olive on May 19.87, and that in (my) (aur) opinion death accurred on the date and hour and from the causes of the deceased olive on May 19.87, and that in (my) (aur) opinion death accurred on the date and hour and from the causes of the deceased olive on May 19.87, and that in (my) (aur) opinion death accurred on the date and hour and from the causes of the deceased olive on May 19.87, and the	7	190 DATE OF OPERATION	196. CONDITION FO	R WHICH OPERATIO	N WAS PERFORMED		N CERTIFYING CAUSE	NGS USED S OF DEATH?
270. I certify that x) (this hospital) ottended the deceased from April 16 19.87, to May 4, 19.87, that XI sow the deceased align an May 4 19.87, and that in (my) (aur) apinian death accurred an the date and hour and from the causes so above. Xi (we) (did) (AX not) vigor the body after death. 278. SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR		OR CONTRIBUTING CAUSE OF DEA (IN EITHER NOTIFY MEDICAL EXAMINES 21d. INJURY OCCURRED WHILE NOT WHILE	P.M. 21e PLACE OF INJUR	NTH DAY YEAR 19	21f. LOCATION			STATE
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236 BURIAL CREMATION, REMOVAL 236 DATE 236 NAME OF CEMETERY OR CREMATORY 236 LOCATION	7	228. PHYSICIAN'S NAME TIMES	APRINT)	ll	ATTENDING PHYSICIAN	DIRECTOR PHYSICIAL	5.1	1.87
(CDECIEV)		Bashar Samma	n, M.D.		9000 Frankli	in Square Driv	ve	21237
4 FUNERAL DIRECTOR		(SPECIFY) Burial			s Episcopal	Tracy s Lar		MD

DHMH - 16 60M 7/84 (VRA 15, 4)

RAUSCH FH OWINGS, MD 20736

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE



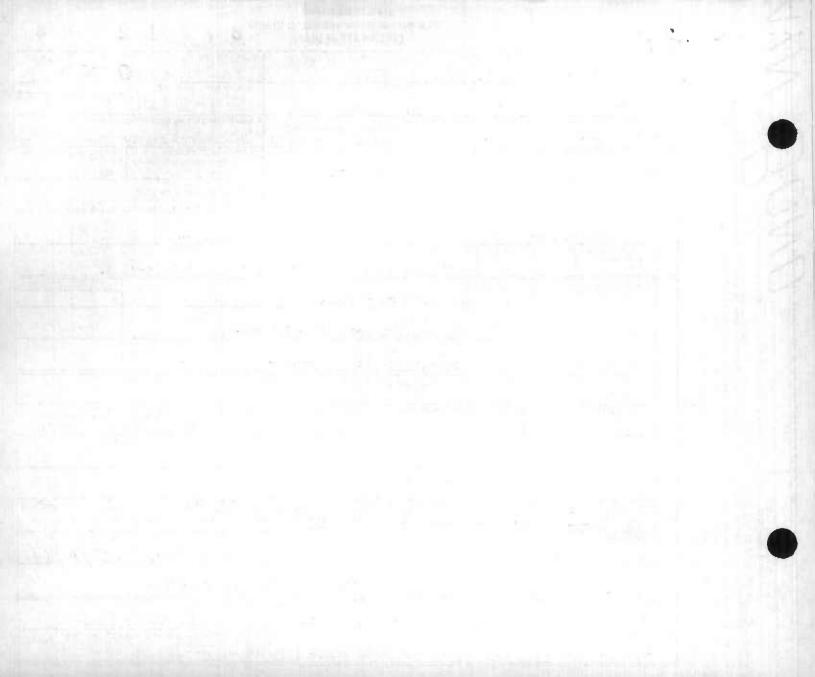
STATE OF MARYLAND

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		CEASED NAME FIRST	MIDDLE	1.	AST	20. DATE OF DEATH	MONTH DAY	YEAR	N. HOUR	
	,	Laura	٧.	FOR	RD	M	0.1 30	1964	2"	PM
	3. SEX		4 RACE	5 DATE C		6. AGE (IN YEARS LAST BIRT	HDAY) IF UND		IF UNDER 24	HRS MIN.
		Female	White	MONTH	29-1916 YEAR	71	YRS.	DATS	HOURS	MIN.
-		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUN	NTRY? 8	□ NEVER MARRIED □	9 BALTIMORE CITY OF		EATH		
)		Balto. MD.	U.S.A.	WIDOWE		Baltimore	County			MD.
7	10 CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N		R OTHER INSTITUTION	120 USUAL OCCUPATION	ON 126	KIND OF	BUSINES!	5 OR
]	Baltimore	Franklin S		spital	Waitress		REtir	ed	
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5	1	Md. 136 COUN			YES NO	3 Dovetai		2122	1	
Ġ	4 FA	THER'S NAME	MIDDLE LAS	6.7	15. MOTHER'S MAIDEN NAM			LAST		
Ć,)		nry Hausson S	hipley		Willoughb	V	LASI		
	160 V	VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL	SECURITY NO.	17 INFORMANT	ADDRE				
	(1	YES, NO OR UNKNOWN) (IF YES, GIV	220-0	9-2976	Dennis Ford- 3	Dovetail 1	Lane-212	21		
		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIAT	D BY: TE CAUSE (b) Resp. DUE TO, OR AS A CON-	iratory SEQUENCE OF				APPROXIM. BETWEEN ON	ISET AND DE	ATH
		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CON	SEQUENCE OF	uropathy with ladder cancer	uremia				
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2	CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR W	VHICH OPERATION	N WAS PERFORMED	YES NOW	20b. IF YES, WER IN CERTIFYING YES	CAUSES C	SS USED OF DEATH	?
-	CER	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		21c. HOW INJURY OCCURRE			R PART 2)		
		OR CONTRIBUTING CAUSE OF DEA		H DAY YEAR						
	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY		211 LOCATION	CITY OR TO	yn Ci	OUNTY	STA	TE
	Σ	WHILE NOT WHILE AT WORK	(AT HOME, STREET, PACTORY, C	OFFICE, FARM EIC.)						
		220.1 certify that (I) (His haspi	attended the deceased	from May 1	10 87		19	37, th	of (I Two	Plost
		saw the deceosed olive an above, (lawe) (did id no	t view the body ofter death.	19_8/, on	d that in (my) (our) opinion de	eath accurred on the da	te and hour and	from the co	ouses state	ed
		226. SIGNATURE			DEGREE ATTENDING	MEDICAL STAF		20 DATE S	IGNED	
,		UN HATEM	A		PHYSICIAN [DIRECTOR PHYSIC		5/3	0/8-	1
/		Dr. Hamilton		AND DE	9000 Frankli	n Square Dr	rive		/	
	23a B	SURIAL, CREMATION, REMOVAL	23b DATE	23c NAME OF C	EMETERY OR CREMATORY	23d LOCATION				.,
	1	Burial	6-1-87	Gardens	of Faith Cem.	Baltimo	re,Mary	land-	5TA	TE.
	04 51	INTERNAL DIRECTOR			100 5 175	25 010 20 20 010 10 10		6101115		

John C. Miller, Inc.-6415 Belair Road-21206

DHMH - 16 60M 7/84 (VRA 15, 4)



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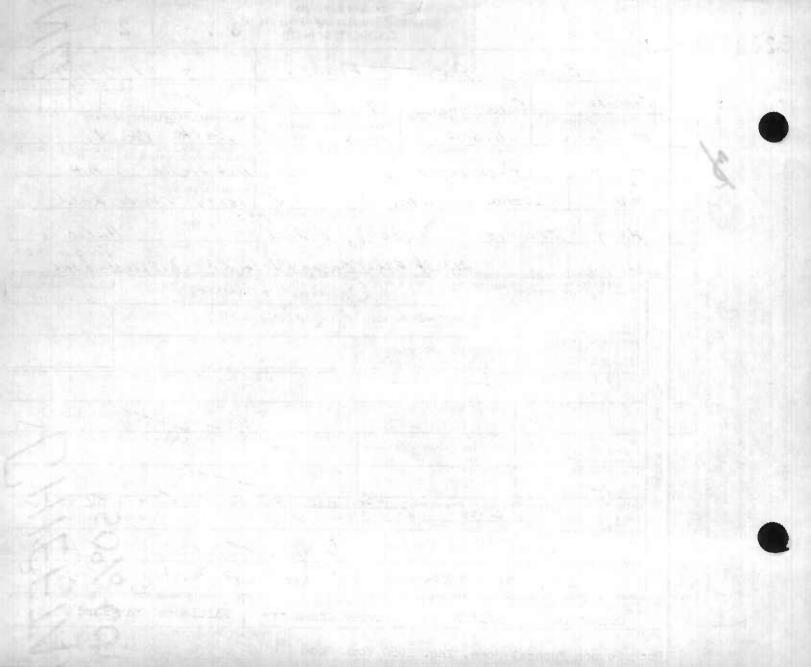
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Ruck Towson Funeral Home, Inc. 1050 York Road

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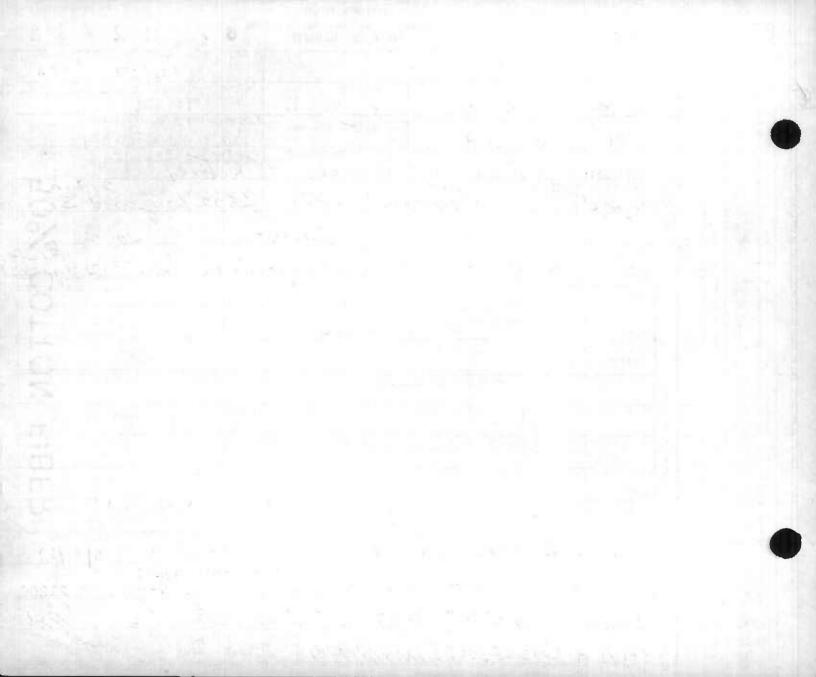
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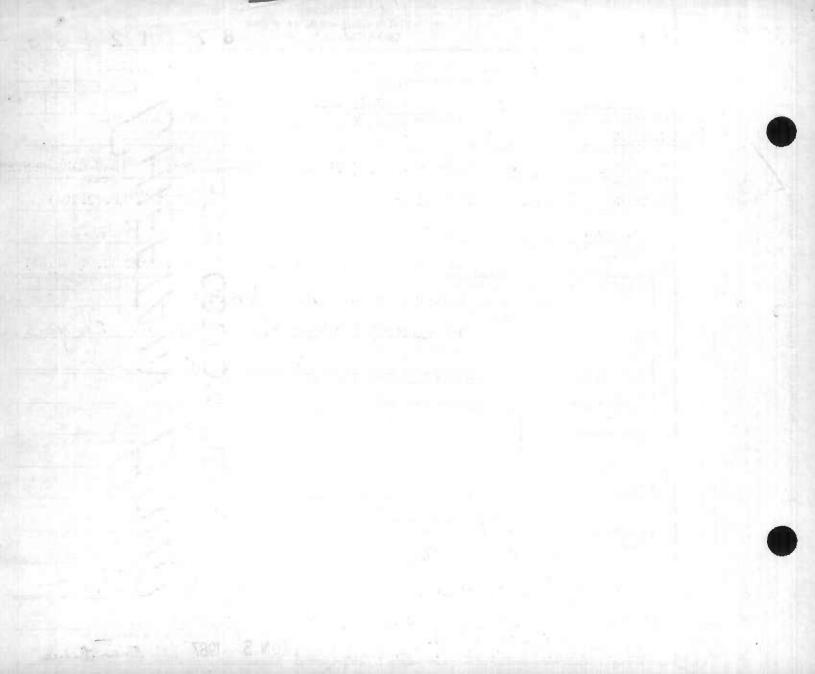
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO L DECEASED NAME FIRST 2a. DATE KNOWN (TYPE OR PRINT) OF ESTI-INERAL DIRECTOR. FOR YOUR FILES. WITHIN 72 HOURS PRESTON STREET, JOSEPH FREDERICK . SR. 4. RACE 5. DATE OF BIRTH & AGE IN YEARS IF UNDER TYR. IF LINDER 24 HRS 2c. DATE 60 YRS PRONOUNCED 10/26/26 Male White DEAD TO BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) DIVORCED BALTIMORE CO Maryland U.S.A. WIDOWED IL NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS ST J JOSEPH HOSPITAL TOWSON Mechanic-Balto, Co. Fire Dept LUAL RESIDENCE (IF IN NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13c CITY OR TOWN 13d. IKSIDE CITY LIMITS? 13e. STREET ADDRESS Owings Mills YES FATHER'S NAME 15 MOTHER'S MAIDEN NAME LAST FIRST Anthony Frederick Theresa Kno11 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Mrs. Maryjane Frederick 21117 (YES, NO, OR UNKNOWN) 216-20-4433 10004 Dolfield Road Owings Mills, MD. Yes W W 11 18 CAUSE OF DEATH (Enter only one course per list, to (a), (b), and (c)) BURIAL - TRANSIT PERMIT AND MENTAL HYGIENE, D VATION: OR REMOVAL. PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to ED AS A E USED / 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? BURIAL, FORWARDED TO THE CH TOR: PAGE 3 SHOULD BE U THE STATE DEPARTMENT C YES 21g EXTERNAL CAUSE WAS 21b. TIME OF INJURY 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME 214 INJURY OCCURRED 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET WHILE AT WORK CITY OR TOWN COUNTY STATE EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: Py AFTER DEATH WITH THE ST. BALTIMORE, MARYLAND, 2 Inspection X 22a I certify that I took charge of the remains described above, held an Autopsy and in my opinion death resulted from Natural causes Homicide ___ Undetermined monner EXAMINER'S NAME (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Burial May 23, 87 Garrison Forest Veterans Garrison Forest Balto. MD. BP. 24 FUNERAL DIRECTORLOring Byers Funeral Directors, Inc. 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH-17** Julia Devideon Randalls 8728 Liberty Road Randallstown, MD. 21133 (VR A15 ME (5)) 15M 2/80

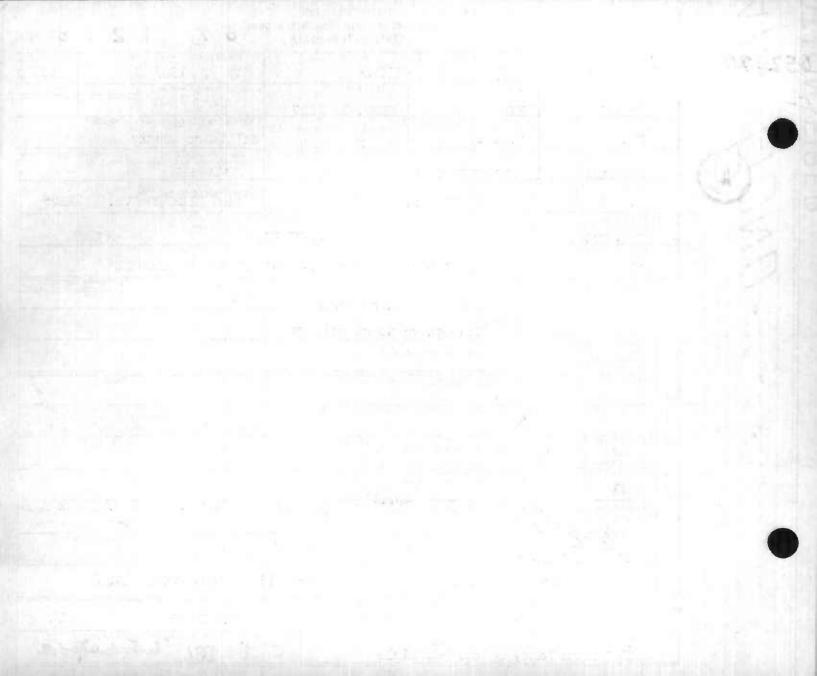


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TTEP ortol TOF for t		saw the deceased alive an_	5/3/19	and that in (my) (at	ur) apinion dec	th accurred on the do	te and haur and fram the	causes stated
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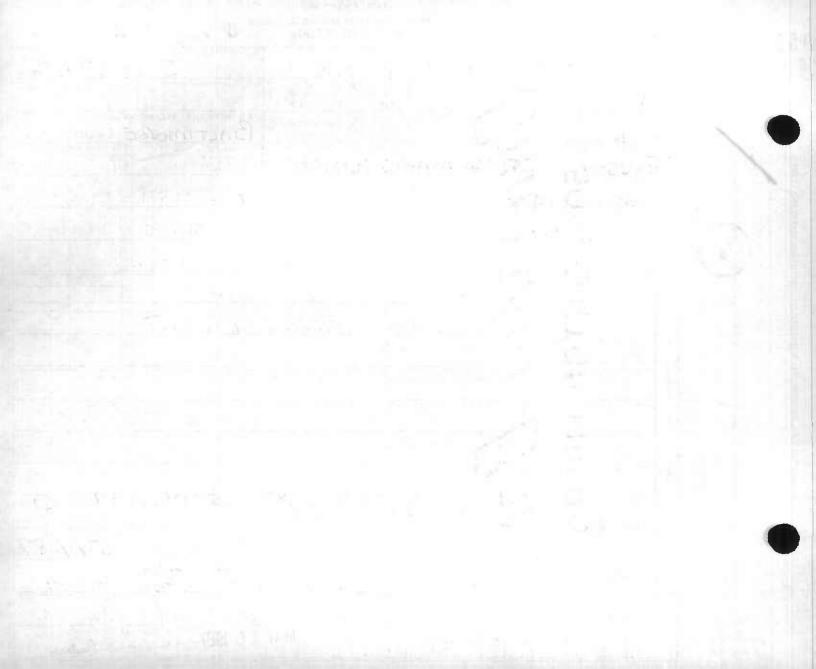


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e e	page 3	1. DECEAS		SANDRA		WIDDLE		FRI BUSH		FRIDAY			1987	4:25 PM
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rimore, be execut	S. Pages 1		ECEASED EVER OR UNKNOWN)		ED FORCES? WAR OR DATES)		SECURITY NO 32-3473	17. INFORM ELLIS	FRI BUS	H 3205 N	ADDRESS NORTHE		RD. (21208)
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 NG PHYSICIAN: The law requires that the death certificate be executed within 7 hours	n signed by the attending phys Then please remave carbanpas t'ab burial, cremation, or remavi injury, or ather traumatic event,	Cor gov cou und	ditions, if ony, e rise to impse (o), stofin erlying couse	which nediate g the lost.	BY: CAUSE (o) DUE TO, O (b) DUE TO, O (c)	RAS A CONS	SEQUENCE OF	PITCHE POLICE	D TO THE TERM	Træst Ctu		MA .	21/2	MATE INTERVAL ONSET AND DEATH LIPAYS
AL RECO	thas been the permit.	CERTIFICATION 19a D	ATE OF OPERA	ION	19b. COND	ITION FOR W	HICH OPERAT	ON WAS PERF	ORMED	20a AUTOPS	5Y? 2 	Ob. IF YES, N CERTIFY YES	WERE FINDING CAUSES	NGS USED OF DEATH? NO
IOF VIT	ind-transit printal Hygien tem 18 show		ACCIDENT WAS UND ONTRIBUTING () C EITHER NOTIFY MEDIC	AUSE OF DEATH			DAY YEA	R	NJURY OCCURE	RED (ENTER NATUR	PE OF INJURY IF	N ITEM 18 PA	RT (OR PART 2)	
IVISION JG PHYS	ter this of the bund we hand we rked ar I	WEDICAL WHO		ILE []	21e. PLACE (AT HOME, STI		FFICE, FARM, ETC.)	21f LOCAT STREE		(ITY OR TOWN		COUNTY	STATE
Spritol o	CIOK: At I for use o of Healt: n 21 is ma		certify that (1) ow the decease above, (1) (we) (c	ed alive an_	0			and that in (my	, 19 r) (our) opinion (, to death occurred a	on the date	ond hour		that (1) (we) last
	e detached e detached State Dept.	17	Fille	ij(SM	luk	llin		ATTENDING PHYSICIAN X	MEDICAL DIRECTOR	STAFF PHYSICIAI	۷ 🗆	5/2	9/87
	should be defined by the State with the State important.		TYGUC	is (!	10	mbu	ie	22e ADDRE	701	N.C	Kar	(-5	Fre	+
BP		BUR	, CREMATION, IAL		23b. DATE 5/31/	87	BNAI	CEMETERY OR		23d LOCAT N		MD.	COUNTY	STATE
	16 60M 7/84 A 15, 4)	24 FUNERA 601	DIRECTORS (OL LEVERSTOW	INSON 8	BROS	, MD. (21215)	JUN	REC'D. BY REG	ISTRAR 25b	REGISTR.	AR'S SIGNATI	





DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20 DATE OF DEATH 26. HOUR (TYPE OR PRINT) Ray Grady Funk 4 RALE S DATE OF BIRTH 3 SEX & AGE LIN YEARS LAST BIRTHDAY MONTH Male White July 30 1916 TO BIRTHPLACE ISTATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED ALTIMORE County Virginia IB CITY OR TOWN OF DEATH 1). NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION Tools/Machinery Service Mar. 13e.STREET ADDRESS / ZIP CODE /39 E. Timonium Rd., 21093 136 COUNTY **Timonium** Baltimore Maryland EATHER'S NAME 15 MOTHER'S MAIDEN NAME Roberts Elizabeth Fannie Funk Elbert Johnson ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT Hannah E. Funk, same as 13e. 227-03-0374A No APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART I, DEATH WAS CAUSED BY: MEIASTAIL DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20e AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOID 21a, ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.MO MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 214 INJURY OCCURRED III LOCATION CITY OF TOWN COUNTY CHEET FACTORY OFFICE FARM, ETC. I WHILE D HOT WHILE D 27s.1 certify that (V This haspital attended the decrosed from opinion death occurred on the date and hour and from the causes stated 27h SIGNATUR DEGREE 7N. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN D 22d. PHYSICIAN'S MARKET THE SHEET the St 22e: ADDRESS Stella Maris Hospice Eddie Nakhuda, M.D. 2300 Dulaney Valley Rd. - Towson, MD 21204 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL TA DATE 23d LOCATION (SPECIFY) Dulaney Valley Mem. Grdns Timonium Balto. 5/18/87 Burial DHMH - 16 60M 7/B4 in Devideon Pandage Lawson, 10 W. Padonia RD. (VRA 15, 4)



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH / REGISTRAR DECEASED NAME 20. DATE KNOWN LITPE OR PHINTS ESTI-Margaret L. Ganovski DEATH MATED AGE (IN YEARS | IF UNDER 1 YR. SEX 4 RACE S DATE OF BIRTH IE LINDER 24 HRS DATE LAST BIRTHDAYL PRONOUNCED DAY 1-15-1910 DEAD Female White 76 CITIZEN OF WHAT COUNTRY? BIRTHPLACE (STATE OR MARRIED NEVER MARRIED FOREIGN COUNTRY Balto. County U.S.A. Md. WIDOWED X DIVORCED 10. CITY OR TOWN OF DEATH II NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 20. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS FOR MOST OF WORKING LIFE) 305 E. Joppa Rd. Apt. Homemaker Towson USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Balto. 305 E. Joppa Rd. 21204 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? Balto. Md. 14 FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE Herman Burke Sophie Fanton 146 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) Claire Connelly, 3532 Woodring Ave. 21234 No 212-09-0819 18 CAUSE OF DEATH (Enter only one cause per line (p), (b), and (c) - TRANSIT PERMIT. PART I DEATH WAS CAUSED BY MENTAL HYGIENE, N, OR REMOVAL. IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTEI EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN IPAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXATOPERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAX AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MALTIMORE, MARYLAND, 21201 PRIOR TO BURIAX, CREMATION, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 198 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES [NO 216 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME 211 LOCATION NOT WHILE STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY STATE AT WORK 22g. I certify that I taak charge of the remains described above, held an Autopsy Inspection and in my apinian death resulted fram. Hamicide Undetermined manner Natural causes EXAMINER'S NAME (TYPE OR PRINT) 23d LOCATION 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY STATE COUNTY Cremation 6-2-87 Balto. Md.

25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Westview BP 24. FUNERAL DIRECTOR 1987 dia Davidson Randallo **DHMH-17** Leonard J. Ruck, Inc., 5305 Harford Rd. (VR A15 ME (5) 15M 2/80

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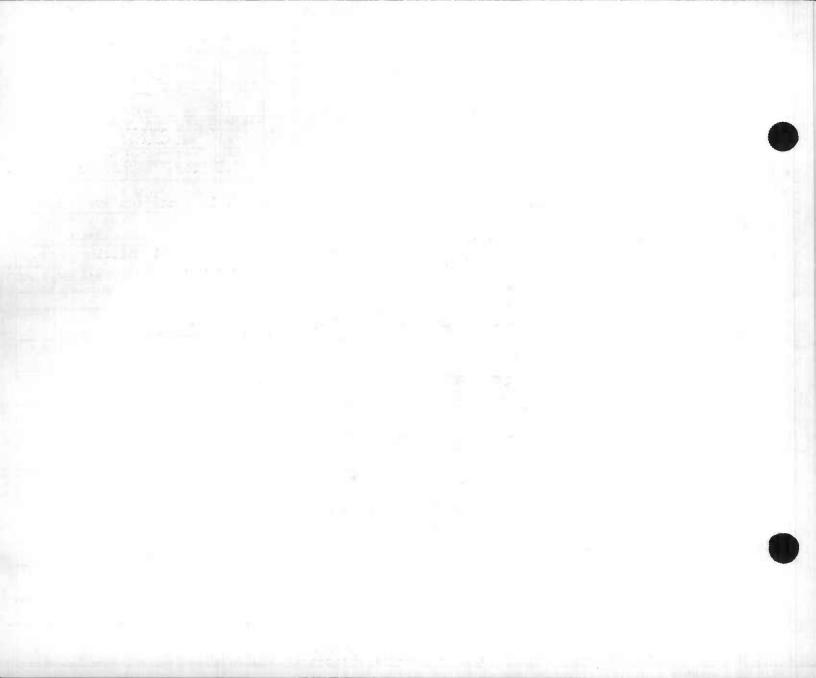
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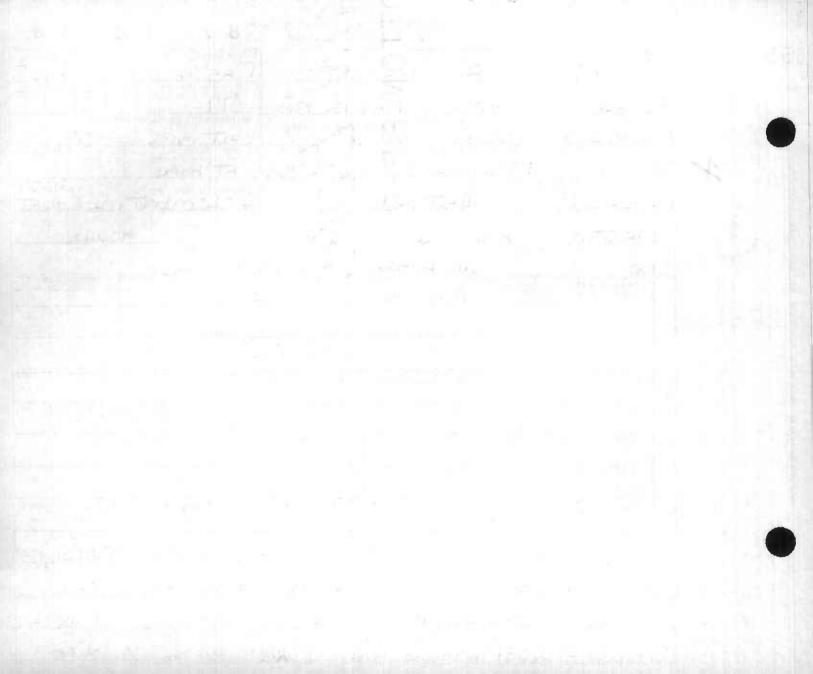
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y be	deoth deoth			HOV	WARD_	SHEAR	MAN	GAR					0-25-8	/	3:05A M
4 B	ofter of	1). SEX	Male	4	RACE	+0	5	MONTH MONTH	ch 6,1908	1.50	79		MONTHS DATS	
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eo th	one 72 t	5	C	Pennsylva	ania	USA			MARRIED	NEVER MARRIED DIVORCED		LTIMOR		ΠY	MD.
5) by	ed with	6	10. CIT	Y OR TOWN OF DEAT	TH 1	RMC- 6	HOSPITAL, NI			ST	120 USU	ALOCCUPAT YORK FOR MOST Audito	TION OF WORKING LI	126 KIND INDUSTRY Suno	of BUSINESS OR
2027	0 0	5	13a S'	L RESIDENCE IN NURSIN	13h COUNT	THER INSTITUTION Y Timore	GIVE RESIDENCE	TOWN	MISSION)	13d INSIDE CITY LIMITS?	13e STRE	ET ADDRESS 3819 Pa	/ ZIP COD	on Ave	21207
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IMORE, I	Poges medital			AS DECEASED EVER IT		ED FORCES? WAR OR DATES)	215-09			Howard S. G		ADDR			gs Ave. Md. 21212
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BA ING PHYSICIAN: The low requires that the death certificate oriending physician.	been signed by the ottending physic mit. Then please remove carbon pape prior to buriol, cremotion, or removal only injury, or other traumotic event, the signing of the programments of the significant of		CERTIFICATION	Canditions, if any, gave rise to imme couse (0), stoting underlying couse	which ediate) the lost	DUE TO, O (b) DUE TO, O (c) DNDITIONS CO	R AS A CONS	RON BEQUEN	CE OF	N ARREST STRUCTIVE PU	MINAL DISI		NDITION GIV	VEN IN PART I	
AL R	te hos	人	RTIF				6.0.10.00			Tal How himby account	YES [Y	ES 🗌	NO []
DIVISION OF VITA	CTOR. After this certificate for use as the buriol-transit of Health and Mental Hygin 121 is marked or Item 18 sh	7	CAL	21a. ACCIDENT WAS UNDED OR CONTRIBUTING CONT	AUSE OF DEAFI	P. 21e PLACE (AT HOME, ST	M. MONTH M. OF INJURY REET FACTORY, O	FFICE, FAR	19 M. ETC J	211 LOCATION STREET d that in (my) (our) opinion	, to	C17Y OR T	own 25	COUNTY	
O HOSPITAL OR A	TO FUNERAL DIRES should be detoched with the Stote Dept. IMPORTANT: If them	1		22d. PHYSICIAN'S NA	ME (IVEROR		Dun	r		PATTENDING PHYSICIAN 220 ADDRESS G.B.MC- 6		OR PHYS	ICIAN 🖳	5-2	75-87
H =			23o. B	urial, cremation, r Burial	REMOVAL		1005			EMETERY OR CREMATORY	23d L0	OCATION CITY OR TOWN	1 - D-	COUNTY	e Co., Md.
BF	·	1		NERAL DIRECTOR	-	May 27				d Ridge				TRAR'S SIGNA	
	H - 16 60M 7/8- VRA 15, 4)			NA ME	defel	d Home,	Inc.	Bali	to.,	York Rd. Md. 21212 MA					0 1.00



				STATE OF MARYLAND		
-37	1-	FOR STATE REGISTRAR		IT OF HEALTH AND MENTAL HYC	8 /	2958
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ter death		dr PRINT)	0 0	~ ^ ^ 	0	A. A.
0	3 SE:	ITARIS	RACE S.	DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER 24 HRS
404	_	^		MONTH DAY YEAR	B. AGE (INTERNSTAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
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\$7		COUNTRY)	CITIZEN OF WHAT COUNTRY? 8.	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COU	NTY OF DEATH
-6	1	IARYLAND		VIDOWED DIVORCED	BALTIMORE	LOUNTY MD.
Λ ² × .	10. C	TY OR TOWN OF DEATH	1. NAME OF HOSPITAL, NURSING I		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK)	12b. KIND OF BUSINESS OR
13 5	15	nosw		URSING LENTER	AT HOME	
st be	13a. S	AL RESIDENCE (IF NURSING HOME OR C STATE 13b. COUNT	THER INSTITUTION, GIVE RESIDENCE BEFORE ADD	MISSION) 13d. INSIDE CITY LIMITS?	13 STREET ADDRESS / ZIP C	ODE 21237
	D	ARYLAND RE	BALTIMO		4 CLEMEr	TIME COURT
JE	14 FA	ATHER'S NAME	IDDLE LAST	15 MOTHER'S MAIDEN NA	AME	TZAL
飛		MARTIA	HOLMSTED	MARY	MIDDEC	Howles
12.7		VAS DECEASED EVER IN U.S. ARM	ED FORCES? 166 SOCIAL SECURIT	Y NO. 17. INFORMANT	ADDRESS	
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event, the		18 CAUSE OF DEATH (Enter only	one couse per line for (a), (b), and (c)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
vent		PART I. DEATH WAS CAUSED IMMEDIATE		tatue Cenica	JCA	
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À)	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH OP	ERATION WAS PERFORMED		YES, WERE FINDINGS USED
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1	A	OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTH DAY	YEAR 19		
± 10	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY	211. LOCATION		
marked	Σ	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, FARM	. ETC) STREET	CITY OR TOWN	COUNTY STATE
Bar		22a. I certify that (I) (this hospital	al) ottended the deceased from	4127 1087	10 May 26	19 8 L that (Frie) last
21 is mar		saw the deceased alive an obove, (D) (we) (did (did not)		7, and that in (ma)(our) opinion	death occurred on the date and	
f Hem		22b SIGNATURE	Niew the body after death	DEGREE		22c. DATE SIGNED
=		11 NIW	0		MEDICAL STAFF	
Z-		22d. PHYSICIAN'S NAME (TYPE OR	PRINT)	22e ADDRESS	DIRECTOR PHYSICIAN	MAY 26 1951
MPORTANT		0 11		Olym Card	1. A B D	an Mari
IMPORTANT: #	22		H. Bond	12618, 127	TIK NOAU - F	TKKA NATT
	230. E	SURIAL, CREMATION, REMOVAL		ME OF CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY
-	14.5	JURIAL DIRECTOR	2-98-121 BUT	Jimole I ATional	L BALT MORE	LIARYLANC
M 7/B4	-	JNERAL DIRECTOR	- M ADDRESS	111111111111111111111111111111111111111	TE REC'D BY REGISTRAR 256 REC	
4)	2	VANS CHAPEL	OFI ISMORIES	ROAD HILL	N 1 1097	Rendson-Pandallo)



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	may be page 3	3. SE	(4 RACE		5 DATE C	-		& AGE IN YEAR		IF UNDER I YEAR	
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	P P P P P P P P P P P P P P P P P P P		TY OR TOWN OF DEAT	ГН 🦸	11. NAME OF H	IOSPITAL, NURSIN	G HOME C		Samuel	12a. USUAL OC	CUPATION	12b. KIND (OF BUSINESS OR
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RE,	es de court		VAS DECEASED EVER II			166 SOCIAL SECU	RITY NO.	17 INFORMA	INT		ADDRESS		
OWI	n and c	1	res, no or unknown) NO	TIP YES, GIVE	WAR OR DATES)	217-09-2	050	Agnes 1	Lipinsk	i-1768	Brookvi	.ew Rd. #2	21222
T., BALT	physicia on papers emoval.		18 CAUSE OF DEATH PART I. DEATH WA	AS CAUSE	ly ane cause per D BY. E CAUSE (a)	line for (a), (b), and		arli	7 de	eare	,	APPRO: BETWEEN	XMATE INTERVAL I ONSET AND GEATH
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W. PRI	by the ose remo		gave rise to immi- cause (a), stating underlying cause	the	DUE TO, OR	AS A CONSEQUE	NCE OF Jalhi	enjs to	radus	,			
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DIVISION OF VITAL RECORDS, 201	he low re	CERTIFICATION	19a DATE OF OPERATI	ION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFO	RMED	20a AUTOP	20b. IN C	IF YES, WERE FIND ERTIFYING CAUSE YES	NGS USED S OF DEATH?
OF VITA	SICIAN: The ng physicion certificate hard-transit entol Hygier Item 18 sho	1 .	21a ACCIDENT WAS UNDE OR CONTRIBUTING CO	AUSE OF DEA		M. MONTH DA	Y YEAR	21c. HOW IN	IJURY OCCURE	RED (ENTER NATUI	RE OF INJURY IN ITE	M 18, PART 1 OR PART 2)	
VISION	NG PHYSI ottending offer this ca as the burn th and Me th and Me	MEDICAL	21d INJURY OCCURRE	ED	21e PLACE C			211. LOCATIO STREET	ON	c	ITY OR TOWN	COUNTY	STATE
٥	a sole		220.1 certify that (1) (saw the deceased abave, (1) (was) di	d alive an	- By	19 8	M)		, 19 B	death occurred	57 10 pon the date an	d hour and from the	that (I) lost
	at Ox ATTEN the hospital DIRECTOR In Dept. of He		22b. SIGNATURE	4	Tuin	диег деата.		DEGREE	ATTENDING PHYSICIAN &	MEDICAL DIRECTOR	STAFF	5	SIGNED
	O HOSPITAL Ceroined by the		22d PHYSICIAN'S NAMES - SRINI			Srinivas,	M.D.	22e ADDRES	s Go	or san	Pm	13/co.	n RavenBlu
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	DHMH - 16 50M 7/77		INERAL DIRECTOR			ADDRESS			25e. DATE			GISTBAR'S SIGNA	
	(VR A 15 (4))	Ge	orge A. Wel	ber &	Sons I	nc -705 S	. Anr	St.	MA	Y1219	Ol Am	or Interestation	-

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5	deoth deoth		CEASED NAME FIRST OR PRINT)	JAMES MIDDLE	GE.	ORGE/AN	RGELAKOS	2a DATE OF DEATH		-87	26. HOUR 6 30 0 A. _N
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A SO JA	y the ho tal DIRE detoched ote Dept		226. SIGNATURE	evely	M	DEGRE	ATTENDING	MEDICAL S	STAFF	221. DATE	SIGNED 7
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DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

24. FUNERAL DIRECTOR

23b. DATE

230. BURIAL, CREMATION, REMOVAL (SPECIFY)
Burial

23c NAME OF CEMETERY OR CREMATORY St. Demetrios Cem. 1050 York Rd. 250 DATE RE

23d. LOCATION Carney

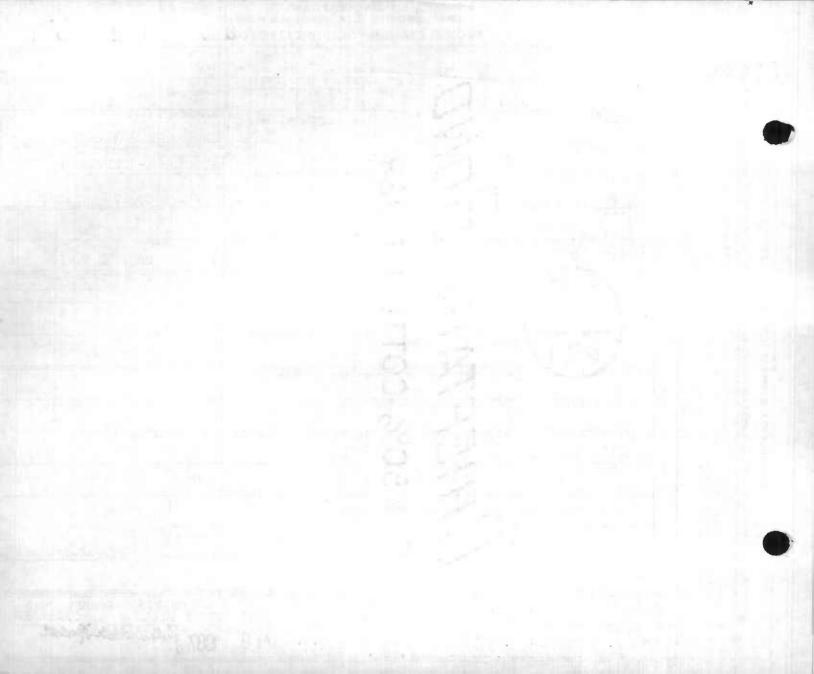
Balto.

Md.

Ruck Towson Funeral Home, Inc., Towson, Md. 21204

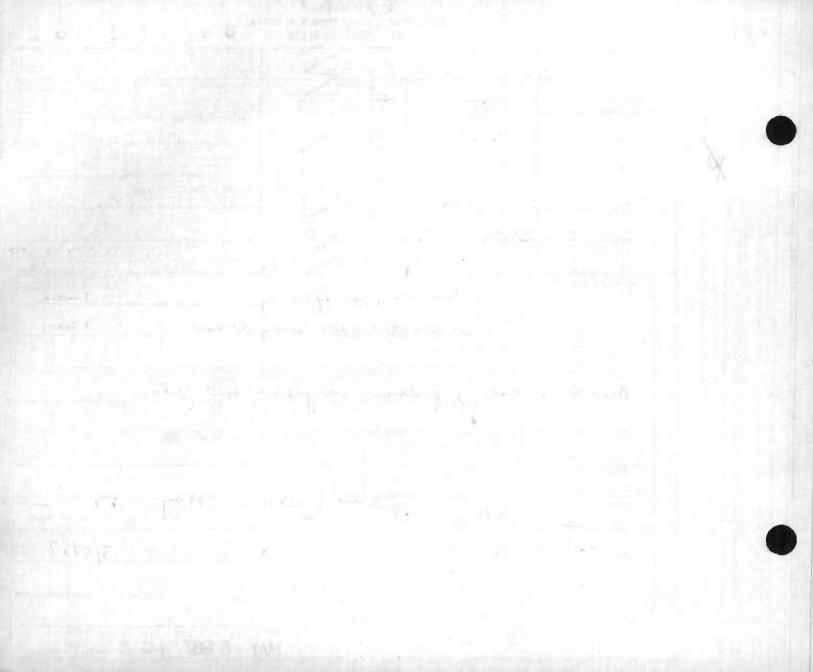
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3331 Brehms Lane, Balto, Md.

(VRA 15, 4)

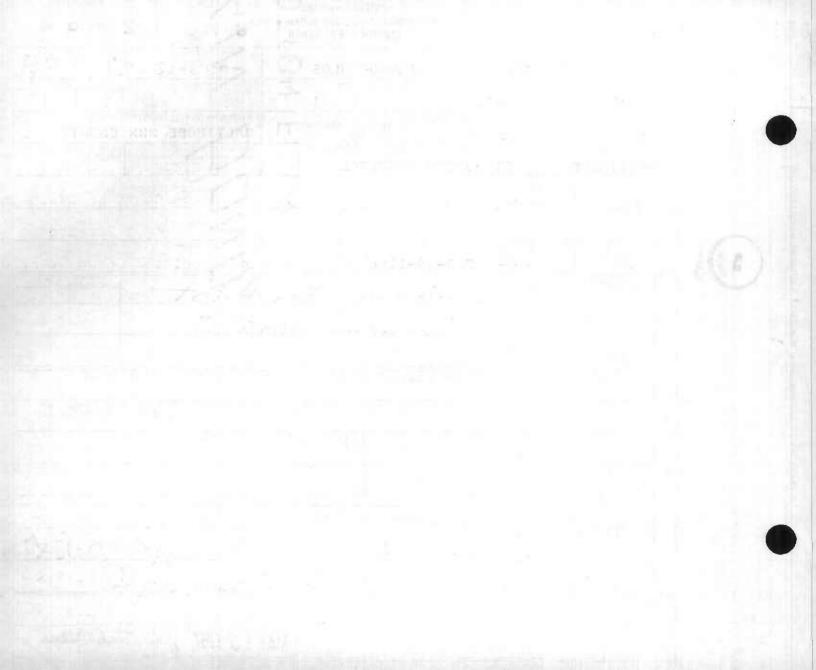


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Poge		FEMALE RTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	Marc	h 15, 1895	9. BALTIMORE CITY OR COUNTY	OF DEATH	
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		AS DECEASED EVER IN U.S. AR		16b. SOCIAL SECU	RITY NO.	17. INFORMANT	ADDRESS	VS.	
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ss that the death ted by the attending please remaye car proof, cremation, or , or other traumating,		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	(b)_	R AS A CONSEQUE	cin	ona Go	Stric		
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he low re on. hos been t permit. I ene prior	CERTIFICATION	190 DATE OF OPERATION	196 CONDI	TION FOR WHICH	OPERATIO!	N WAS PERFORMED	20a AUTOPSY? 20b. IF YES, IN CERTIFY		INGS USED S OF DEATH?
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TTENDIN pitol or TTOR: Af for use o of Health		270.1 certify that (I) (this hospi saw the deceased alive an above, (I) (we) (did) (did no		19		d that in (my) (our) opinion (, to, 1 deoth occurred on the date and hour		, that (I) (we) lost e couses stated
by the hos, ERAL DIREC e detoched State Dept.	18	226. SIGNATURE	77.18	illa	CM.	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	22c DAT	-12-87
TO HOSPITAL TO FUNERAL should be det with the State With the State		220. PHYSICIAN'S NAME VIYE'S	OR PRINI			22e ADDRESS	Egal supres	Q	
F 2		URIAL, CREMATION, REMOVAL			IAME OF C	EMETERY OR CREMATORY	23d LOCATION	COUNTY	STATE
BP		BURIAL	MAY15	, '87 P	ARKWO	OD CEMETERY	BALTIMORE CO). M	D

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR
WILLIAM E. JOHNSON8521 LOCH RAVEN BLVD. 250 DATE
MAY



			FOR		DEPART		E OF MARYLAND BEALTH AND MENTAL HYGII	ENE .		
2 0 0 0 PM	20	17	STATE REGISTRAR			CERTII	ICATE OF DEATH	8 REG. NO	12	9 6 5
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and the second		10 CI	Y OR TOWN OF DEATH	11. NAME OF	HOSPITAL NURSI	NG HOME	OR OTHER INSTITUTION	120 USUAL OCCUPATION	ON 126 KINE	O OF BUSINESS O
I de the	1	V	bodlawn	A	CHEACHITY, GIVE STREET		1 - 3 10 20	Self Finologe		
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 NG PHYSICIAN. NG PHYSICIAN. The low requires that the death certificate be executed within 24 hours oftending physician. After this certificate has been signed by the attending physician and completely filled in by as the buriol-transit permit. Then please remove corbon papers. Pages 1 (PAZ-shruid be fill thand Menial Hygiene prior to buriol, cremation, or removal. and shapes any injury, or other traumatic event, the medical exagine remote be in	4	13a. S		Baltimore	Woodlawn		136 INSIDE CITY LIMITS? YES \(\text{VE} \) NO \(\forall \)	36.STREET ADDRESS /		21207
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MORE, e execu n and co Pages I		17		S. GIVE WAR OR DATES)			Mr. Ru	sæll Glock J		
LTIA ion ion is.P	1	-	Nb L		218-30-		2301 Starcrest 1	Drive !	Silver Spring	
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TIER Pito Pito for of H	-		saw the deceased alive above, (I) (we) (did) (di	e anthe hady	ofter death	, o	nd that in (my) (aur) opinion de	eath accurred on the do	te and have and from t	the couses stated
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APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 200 AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOX YES [NO F 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART TOR PART 2) COUNTY CITY OR TOWN Cour)apinian deoth occurred on the date and hour and from the couses stated 22c. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN D Dr. Sunshine 9000 Franklin Square Dr. 230 NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 236 DATE Baltimore, Maryland Burial 5-12-87 Holly Hill Duda-Ruck Funeral Home of Dundalk 250 DATE REC'D. BY REGISTRAR 256, REGISTRAR & SIGNATURE 24 FUNERAL DIRECTOR Julia Davidson- Pandace 7922 Wise Ave. Dundalk, MD 21222

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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ADDRESS

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126. KIND OF BUSINESS OR

Beth. Steel

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LAST

IF UNDER 24 HRS

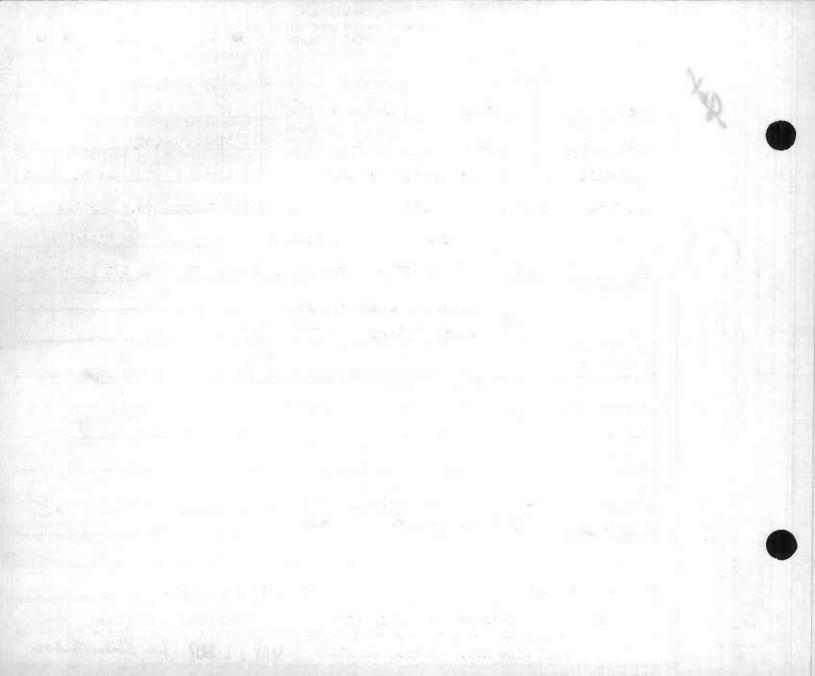
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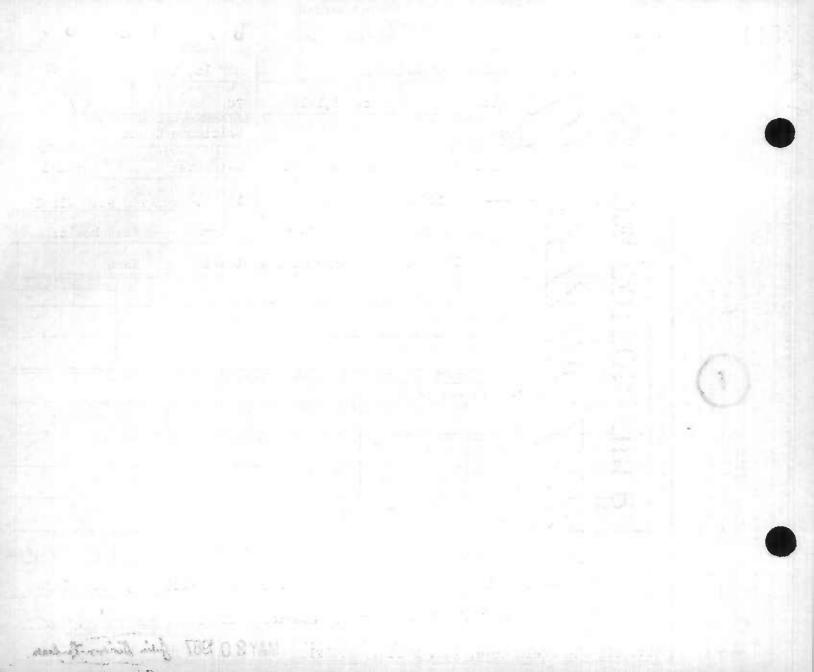
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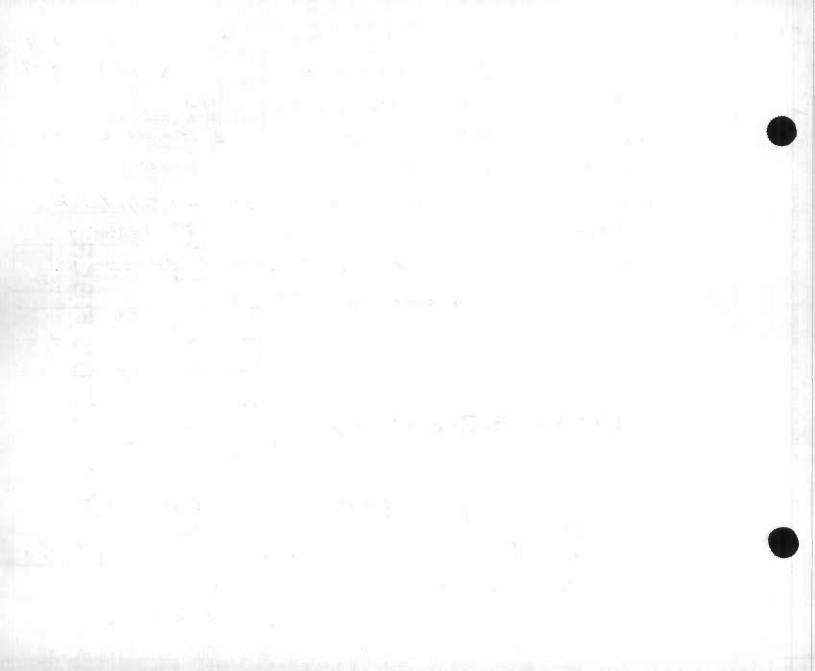


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DIVISION OF VITAL RECOKUS, 201 W. FRESTON ST., BALLIMORE, MARTLAND 2120, BALLIMORE, BALLIMORE, BE Executed within 24 hours of an the barrelline physician has been upon the distinction of completely filled in by as the barrelline physician by the distinction of completely filled in by as the barrelline physician		ATHER'S NAME Martin	MID	Go:	labieski		15. MOTHER'S MAIDEN NA Mary			ssahow	
ond con oges, a	léa '	WAS DECEASED EVER IN			166 SOCIAL SECU	IRITY NO.	17 INFORMANT	ADDRE			200
Pag ex	-	NO OR UNKNOWN)	(IF YES, GIVE W	AR OR DATES)	212-09-7	533	Anna M. Gol	abieski	Sa	me	
ote k	Г	IB CAUSE OF DEATH PART I, DEATH WA	(Enter anly a	one cause per	line for (a), (b), an	d ^t (c).)				BETWEEN	MATE INTERVAL
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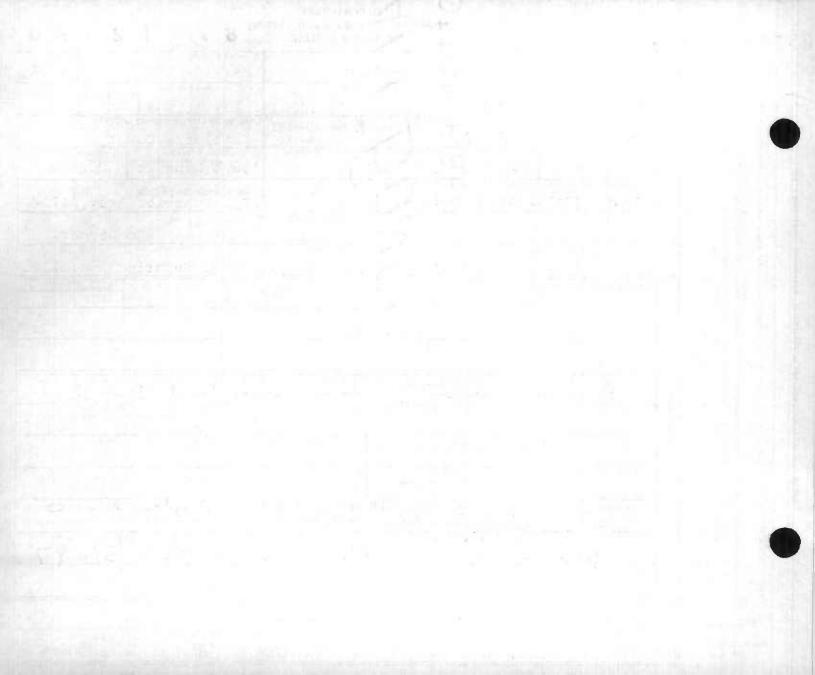


STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR % DATE OF DEATH MONTH YEAR L DECEASED NAME CLYPE OR PRINT William Toldman 4 RACE 5 DATE OF BIRTH A AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS 3. SEX MONTH White YEAR 908 Ja BIRTHPLACE 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH I STATE OR FOREIGN MARRIED NEVER MARRIED WIDOWED DIVORCED NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR INDUSTRY LIF NOT IN SUCH FACILITY GIVE STREET ADDRESS Slade LISUAL RESIDENCE OF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 13a STATE 136 COUNTY IKESVILLE BALT. 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE MIDDLE ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 130 5kde (YES, NO OR UNKNOWN) HE YES GIVE WAR OR DATEST APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and ic. PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) Parkenson's Disease Conditions, if any, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 200 AUTOPSY? 206. IF YES, WERE FINDINGS USED 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NO DA NOT YES [21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21e. PLACE OF INJURY 211 LOCATION 21d. INJURY OCCURRED CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC 1 NOT WHILE 22a.1 certify that (1) (this hospital) attended the deceased from 19 \$6 ond that in (my) (purpopinion death accurred on the date and have and from the causes stated saw the deceased alive an. above, (1) (was) (did) (did not) view the body after death. DEGREE 22c. DATE SIGNED ATTENDING. MEDICAL STAFF nn) FUNERAL I DIRECTOR PHYSICIAN PHYSICIAN, 22d. PHYSICIAN'S MAME 22e ADDRESS MPORT, 0 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION 230 BURIAL CREMATION, REMOVAL 236 DATE 250 DATE REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 (VRA 15, 4)

- 1- 7 O 1 1111 O	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 7 1 2 2 6 6
34/6/14/2	CERTIFICATE OF DEATH REG. NO.
moy be page 3 ter death	1. DECEASED NAME FIRST MIDDLE LAST CONSUCH 20 DATE OF DEATH MONTH DAY YEAR 20. HOUR 9 P/M
ge 4 moy ector po	Female I RACE White S. Date Of BIRTH March 23, 1893 6 AGE (INYEARS LAST BIRTHDAY) FUNDER 1 YEAR IF UNDER 24 HRS MONTHS DATS HOURS MIN.
death Pour	The BIRTHPLACE (STATE OR FOREIGN TO COUNTRY) TO CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED BALTIMORE CITY OR COUNTY OF DEATH WIDOWED DIVORCED BALTIMORE CITY OR COUNTY OF DEATH WIDOWED DIVORCED BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER
s ofter d	Randolls found insumption (who insumption of the institution of the institution of the insumption of t
filled in gold be f	USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 13b. COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE, 17 / 2 6/7 / 20 / 20 / 20 / 20 / 20 / 20 / 20 /
BAITIMORE, MARYLAND cote be executed within 24 spicion and completely filler apers. Pages 1 and 2 should wal. the medical examiner may the medical examiner may	Millard Yeatman Clara Belling 1651
be execut on and ca is. Pages 1	166 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS (VES. NOR UNKNOWN) (IF YES GIVE WAR OR DATES) 220-44-7104 Mr. Edwin D. Gorsuch Reisterstown, Md.
es that the death centricate ed by the attending physici please remove carban paper unal, cremotion, or canoval.	18 CAUSE OF DEATH (Enter only one cause per line for 10), (b) and ic PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)
VITAL RECORDS, N: The low requir nysicion. nysicion bos been sig constr permit. Then Hygiene prior to b Hygiene prior to b 18 shows ony injury	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO YES NO 210. ACCIDENT WAS UNDERLYING 2116. TIME OF INJURY 210. ACCIDENT WAS UNDERLYING 2116. TIME OF INJURY 2116. TOWN INJURY OCCURRED (ENTER NATURE OF INJURY IN 116M 18 PART 1 OR PART 2)
VISION OF THE CENTRY CLA THE CENTRY CHAIN THE BUNIOL THE OND MENTOL	216. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH OF CONTRIBU
OR ATTENDO ce hospitol or DIRECTOR A socked for use Dept of Heal	276. I certify that (I) (this hospital) attended the deceased from 19 that (I) (we) lost saw the deceased alive an abave, (I) (we) fold (did not) view the bady after death 19 and that in (my) (our) apinion death occurred on the date and hour and from the causes stated abave, (I) (we) fold (did not) view the bady after death 19 DEGREE ATTENDING MEDICAL STAFF 22c. DATE SIGNED
O HOSPITAL etonined by th TO FUNERAL should be det with the Store	PHYSICIAN & DIRECTOR PHYSICIAN 1220 PHYSICIAN DIRECTOR PHYSICIAN 1220 ADDRESS 1
BP	Burial Cremation, Removal 236. Date 236 NAME OF CEMETERY OR CREMATORY 23d LOCATION CITY OF TOWN STATE 5/28/87 Mt. Pleasant Cem. 23d LOCATION CITY OF TOWN STATE
DHMH - 16 60M 7/B4 (VRA 15, 4)	24 FUNERAL DIRECTOR Eline Funeral Home Reistenstown, Md. 21136 MAY 27 1987 Julia Director



			FOR		NEDADT		E OF MARYLAND EALTH AND MENTAL HYG	SIEME					
5 2	723 MAY 1		STATE REGISTRAR		DEFARI		ICATE OF DEATH	8	REG. NO.	1 2	2 9	10	
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	TTENDI pitol or TOR: A for use of Heal		sow the deceased above (H-twe) and (did				nd that in (my) our) opinion	death occurre	d on the dote or	nd hour one		that (Dwe) lost causes stated	1
	OR A DIREC DIREC Dept.		226. SIGNATURE	DIL			DEGREE				22c. DATE	SIGNED	_
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	(440 13, 4)	MT	LLIAN E. OU	TITADOIA O.	721 1001		- 1 IVI.P	11 0	1001	m lan.			



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME AA IOOUS LAST YEAR 20 DATE OF DEATH MONTH 26 HOUR LITTE OF PRINTS William May 22, 1987 E. Grav 3. SEX 4. RACE 5. DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTH Male White August 21, 1909 77 JE BIRTHPLACE I STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maryland U.S.A. Baltimore County WIDOWED DIVORCED T 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR Valley View Road Retired Architect Towson USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI Baltimore Towson 13. STREEL ADDRESS / ZIP CODE 1529 Valley View Road 21204 13d INSIDE CITY LIMITS? Maryland YES [NOF 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDOLE Ada Brooks Irving Grav 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS (YES, NO OR UNKNOWN) (IF YES GIVE WAR OR DATES) No 214-01-8865 Dorothea M. Gray, Same As #13e 21204 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20h IF YES, WERE FINDINGS USED 28s. AUTOPSYT IN CERTIFYING CAUSES OF DEATH? NO YES [210. ACCIDENT WAS UNDERLYING 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION STREET CITY OR TOWN COUNTY STATE AT HOME STREET FACTORY OFFICE FARM ETC 1 WHILE NOT WHILE 22a I certify that (1) (this hospital) attended the deceased from saw the deceosed alive on obove. (I) we) (did) (did not liview the body after death and that in my (our) opinion death occurred on the date and hour and from the couses stated 22b. SIGNATURE DEGREE 22c. DAJE SIGNED MEDICAL ATTENDING STAFF MD PHYSICIAN TO DIRECTOR PHYSICIAN 27d. PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS Richard Haberstat M.D. 214 Mt. Carmel Road, Parkton, Md. 21120 230 BURIAL, CREMATION, REMOVAL 23b. DATE

FUNERAL I

MPORTANT

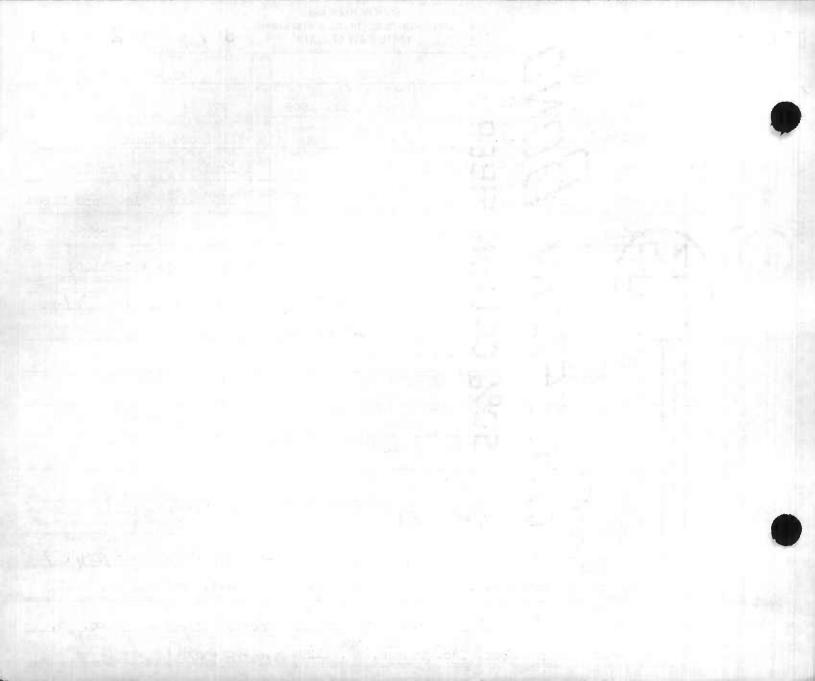
DHMH - 16 60M 7/84 (VRA 15, 4)

Burial 5-26-87 236. NAME OF CEMETERY OR CREMATORY

23d LOCATION

Balto.

Dulaney Valley Mem. Gards Timonium, 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 1050 York Rd Ruck Towson Funeral Home, Inc. Towson, Md. 21204



Mrs. M. Ester Greer, 708 Upper Glencoe Rd. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11g 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [7 NO [216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE ur) opinion death occurred on the date and hour and from the cou 22) DATE ATTENDING PHYSICIAN DIRECTOR PHYSICIAN 16918 York Road, Monkton, Md. Mark Kaplan, M.D. 230. BURIAL CREMATION, REMOVAL 230 NAME OF CEMETERY OR CREMATORY Burial 5/23/87 Jessops Meth.Ch.Cem. Cockeysville, Balto.Co., MD. 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE Martin D. Lawson, 10 W. Padonia Rd. Timonium

STATE OF MARYLAND

1987

IF UNDER LYEAR

INDUSTRY

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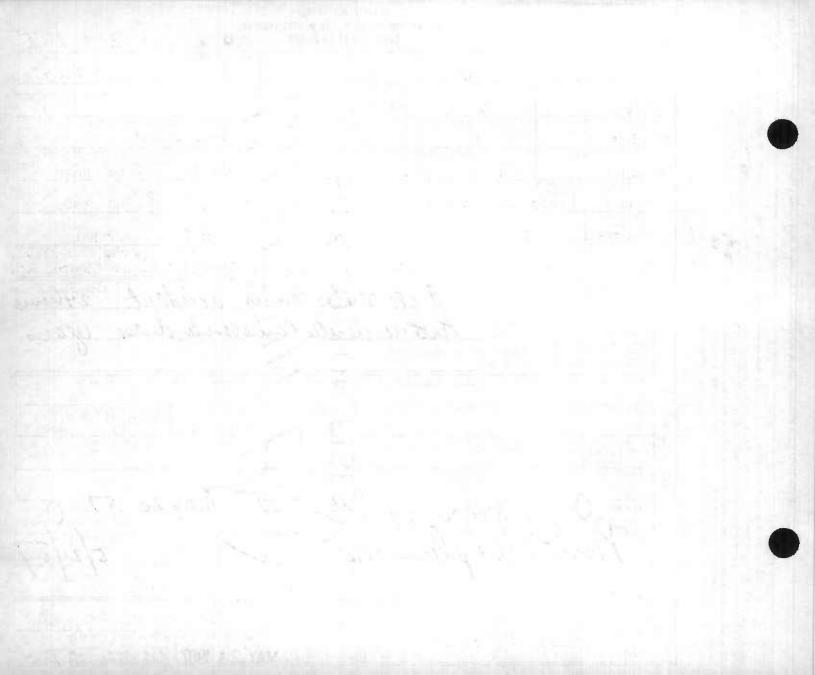
Machinery

IF UNDER 24 HRS

126 KIND OF BUSINESS OR

21

DHMH - 16 60M 7/84 (VRA 15, 4)



DHMH - 16 60M 7/84 (VRA 15, 4) 24 FUNERAL DIRECTOR

Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

MAY 1 8 1987 " Diride

REGISTRAR 256 REGISTRAR'S SIGNATURE



054446

FOR STATE

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIEN
CERTIFICATE OF DEATH

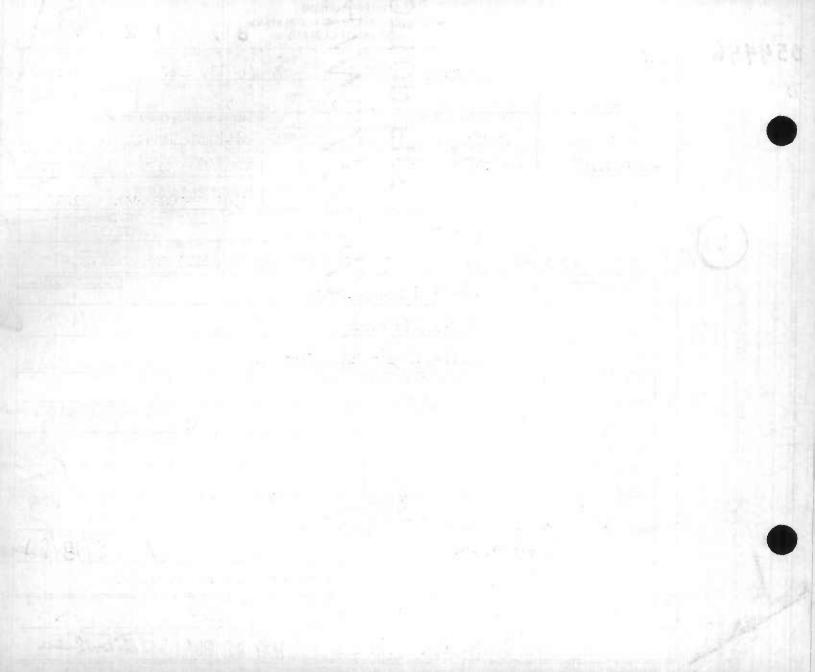
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BY REGISTRAR 250 REGISTRAR'S SIGNATURE

	REGISTRAR				CERTIF	ICATE OF DEATH	REG. N	0.		0.000
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	THPLACE (STATE ORF	OREIGN		WHAT COUNTRY	(? 8.				OF DEATH	
C	MD.		U.S.A	Α.			Baltimore	County		MD.
D ² CIT	Y OR TOWN OF DEA	TH /			ING HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPAT	ION		
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LAG	YES	PEAC	ETIME	215-03-	1967	GERTRUDE GR	OOMS (WIFE)	SAME	ADDRES	S
T	18. CAUSE OF DEATH	H (Enter on	ly one couse per	line for (o), (b), o	and (c).)			1511	APPROX	IMATE INTERVAL ONSET AND DEATH
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RTIFICATION	19a DATE OF OPERAT	ION	196 CONDI	ITION FOR WHIC		N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, IN CERTIFY YES	WERE FINDING CAUSES	NGS USED
CERTIFIC		TION DERLYING	196. CONDI	ITION FOR WHIC	CH OPERATIO		200 AUTOPSY?	20b. IF YES, IN CERTIFY YES	WERE FINDING CAUSES	NGS USED OF DEATH?
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3331 Brehms Lane, Balto. Md. 21213

DHMH - 16 60M 7/84 (VRA 15, 4)



5-18-87

BURIAL

24 EUNERAL DIRECTOR

DHMH - 16 60M 7/8 (VRA 15. 4

STATE OF MARYLAND

PARKWOOD

126 KIND OF BUSINESS OR INDUSTRY KEENE AVE. 21214 Mr. Frederick H. Gross-3501 Keens ave. 21214 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? COUNTY and that in (my) (aur) apinion death accurred an the date and have and from the causes stated 22c DATE SIGNED BALTO. MD 21218 CEM. 3ALTO. 250 DATE REC'D. BY REGISTRAR 251 RE

IF UNDER 24 HRS

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or us of He 21 is		27a 1 certify that ## (the saw the deceased above, (1) (wee) (did		E / 20 /	eosed from	5/4 7_, and that i	, 19 8/ n=y) (aur) apinia	n death occurre	d on the do	, 19		that * (we)
DIREC. oched f Dept o		276 SIGNATURE PULL	ww)	oedin.	DEGREE	ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAF	F IAN []	22¢ DATE	SIGNED
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STATE OF MARYLAND

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Stote Dept.		22 IGNATURE	6	1	leure del	/ M	ATTENDING PHYSICIAN	MEDICAL DIRECTOR (STAFF PHYSICIAN	51	12/87		
Stote del		22d PHYSICIAN'S N	AME (TYPE	OR PRINT)			22E ADDRESS			1			

DHMH - 16 60M 7/B4

(VRA 15, 4)

236. DATE 230. BURIAL, CREMATION, REMOVAL (SPECIFY) 5-14-87 Cremation

Marcio M. Menendez M.D.

23c. NAME OF CEMETERY OR CREMATORY Loudon Park Crematory

23d. LOCATION

5820 York Road, Baltimore, Maryland 21212

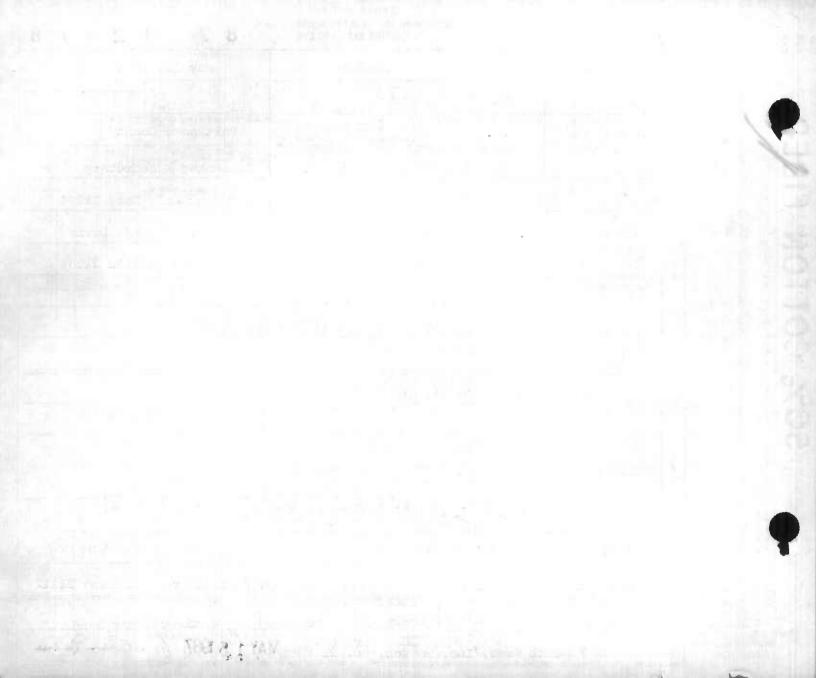
COUNTY

STATE

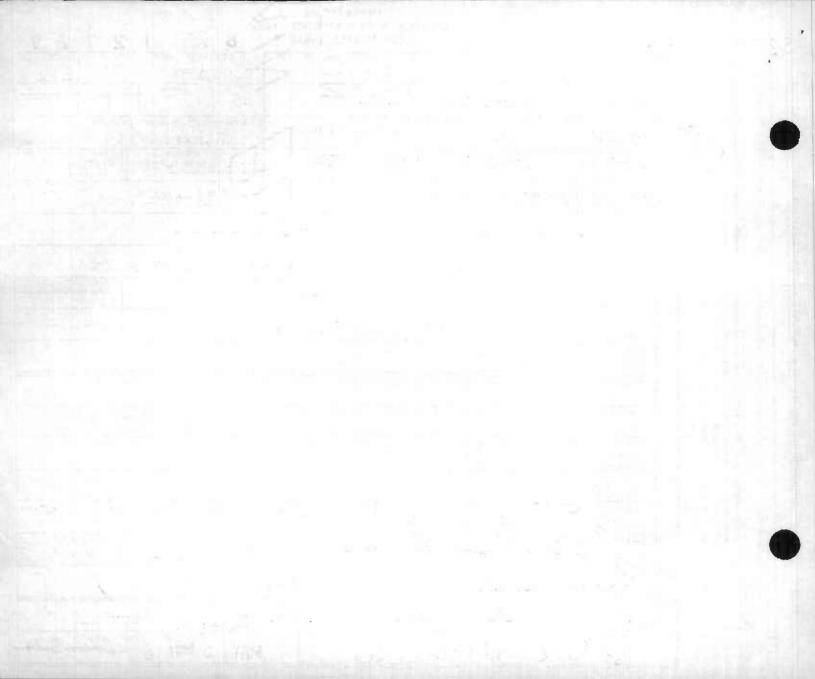
Baltimore, 756. DATE REC'D, BY REGISTRAR'256. REGISTRAR'S SIGNATURE

Maryland

24 FUNERAL DIRECTOR Ruck Towson Funeral Home, Inc. Towson, Md. 21204



STATE OF MARYLAND



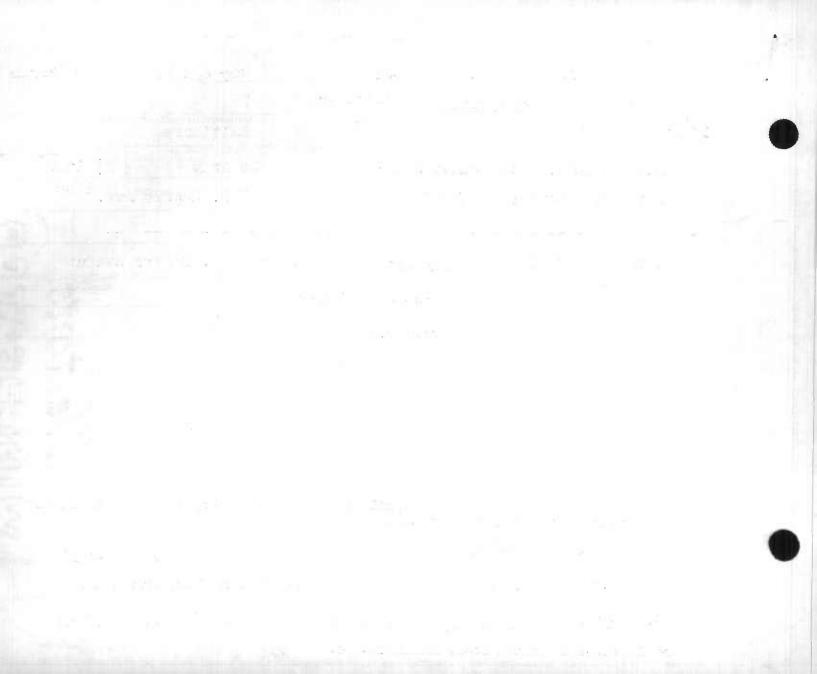
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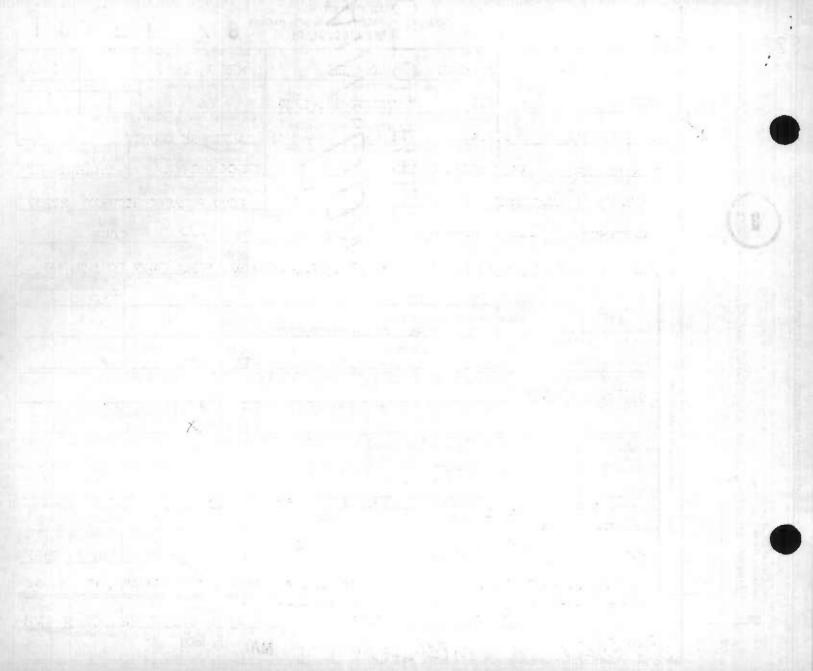
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(VRA 15, 4)

STATE OF MARYLAND



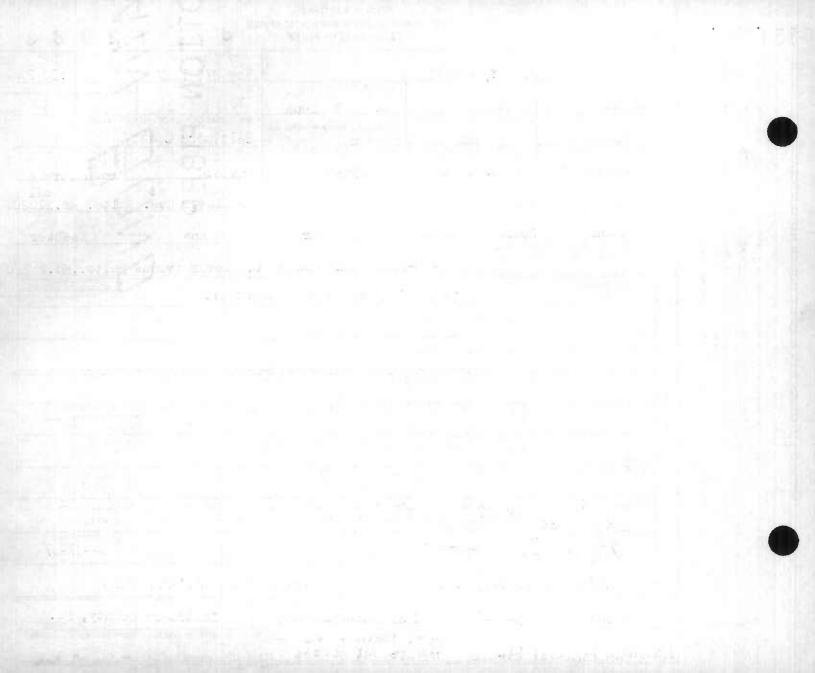
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(知識) 追公	14 FA	THER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDEN		MIDDLE		LAST	
人 等等6人	/	CURRENCE		HAMMONDS		MINNIE			L	OUK	
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the Day		Marria	Kom	2 MD		ATTENDING	MEDICAL DIRECTOR	STAFF	עעו	NEAST "	1 1007
HOSPITAL ned by th FUNERAL uid be det the State ORTANT:		224 PHYSICIAN'S NAME (TYPE		-1.00		22e ADDRESS	DIRECTOR	PHISCIAN	1	MAI	1, 1987
0 0 0 0		MARCIA A. KA	ANE, M.D.	(14.38V2		VA MEDICAL	CENTER,	FORT	HOWARD	, MD	21052
O 후 다음 * 중	23a E	URIAL CREMATION REMOVA			AME OF C	EMETERY OR CREMATOR	Y 23d LOCATE	ON			
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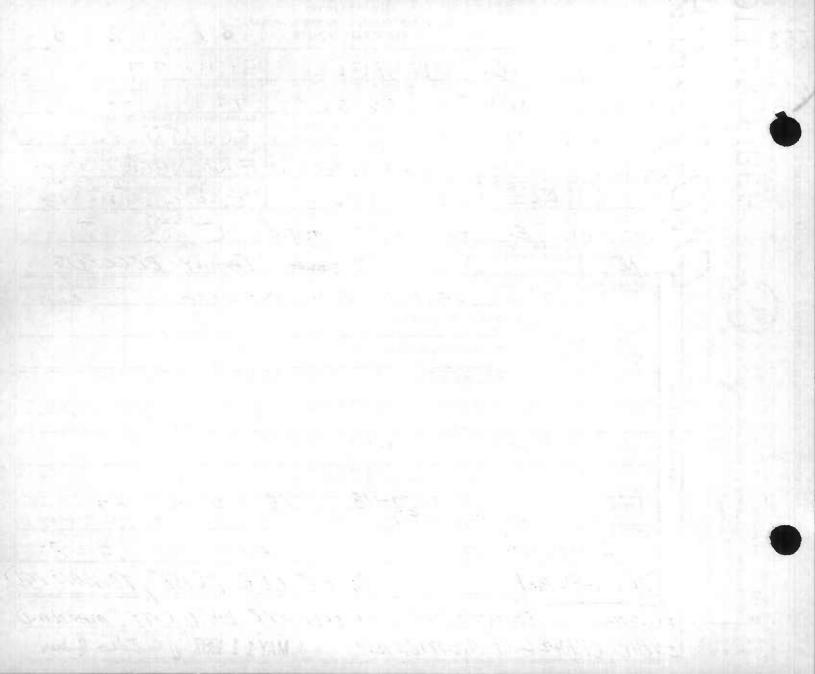
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE REGISTRAR REG. NO . DECEASED NAME e DATE KNOWN (TYPE OR PRINT) OF ESTI-DEATH MATED SEX 4 RACE DATE OF BIRTH DATE VEAR LAST BIRTHDAY) PRONOUNCED 72 YRS DEAD 9 BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE (STATE OR MARRIED NEVER MARRIED DIVORCED 126 KIND OF BUSINESS 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY Factory 2/222 21201 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Turners St. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES NO OR UNKNOWN) 1 (IF YES, GIVE WAR OR DATES) CAUSE OF DEATH (Enter only one couse per line PART I DEATH WAS CAUSED BY DUE TO, OR AS A C Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION THE W.
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RETAKENT OF HE/ 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH P.M 714 INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. 211 LOCATION AT WORK AT MOT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OF TOWN COUNTY STATE 220 I certify that I took charge of the remains described above, held an Autopsy Inspection and in my apinion death resulted fram: Accident Hamicide Undetermined manner Natural causes PAGE 4 SHOUN TO FUNERAL D AFTER DEATH, BANTIMORE, M EXAMINER'S NAME Charles F.O Donnell, M. owson (TYPE OR PRINT) 230 BURIAL CREMATION REMOVAL 236 DATE 23c NAME OF CEMETERY OR CREMATORY BP **DHMH - 17** (VR A15 ME (5)) 1701 20M 4/82

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1 15 jun -	87	FOR STATE REGISTRAR				CERTII	E OF MARYLAND REALTH AND MENTAL HYG FICATE OF DEATH	8 REG. N		2 9	83
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noy be poge 3			Elizat	eth 7.H	ARTSOCK_	T		May 27, 19			8:50 Pm
	3. SE		4.	RACE		S. DATE (6 AGE (IN YEARS LAST BIR	THDAY)	MONTHS DAYS	HOURS MIN.
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TO FUNERAL should be det with the State (MAPORTANT:		22d. PHYSICIAN'S NA		ington,	M.D.		9000 Frank	lin Square	Dr. 2	1237	
O O E O		7,11,1							٠, ٠, ١	.1207	
O od w	23a. B	URIAL CREMATION		23b. DATE			EMETERY OR CREMATORY	23d LOCATION			Md STATE
BP	(23b. DATE 5-30-8	37 Zi	on Ch	EMETERY OR CREMATORY urch(kemetery	23d LOCATION	more (County	, Md STATE



DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEASED NAME FIRST MIDDLE (IVPE OR BRIMT) A. RACE 1. DECEASED NAME FIRST MIDDLE (IVPE OR BRIMT) A. RACE 1. DECEASED NAME FIRST MIDDLE (IVPE OR BRIMT) A. RACE 1. DECEASED NAME FIRST MIDDLE (IVPE OR BRIMT) A. RACE 1. DECEASED NAME FIRST MIDDLE (IVPE OR BRIMT) A. RACE 1. DECEASED NAME FIRST MIDDLE (IVPE OR BRIMT) A. RACE 1. DECEASED NAME FIRST MIDDLE (IVPE OR BRIMT) A. RACE 1. DECEASED NAME (IVPE OR BRIMT) A. RACE 1. DATE OF BIRTH MONTH DAY VEAR 7 8 YR: 9 BALTIMORE CITY OR COUNTRY? 1. DECEASED NAME 1. DE	DAY YEAR 26 HOUR M IF UNDER 1 YEAR IF UNDER 24 HRS
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CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY:	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (0) Severe EMPHYSEMA	years
DUE TO, OR AS A CONSEQUENCE OF	
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Couse [0], stoting the underlying couse lost. DUE TO, OR AS A CONSEQUENCE OF	
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION	GIVEN IN PART 110
	YES, WERE FINDINGS USED
YES NO	YES NO NO
CONTRIBUTION C CALLER OF DEATH HOUR A.M. MONTH DAY YEAR I	18 PART OR PART 2)
OR CONTRIBUTION OF ACOSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY [IAI HOME, STREET, FACTORY, OFFICE, FARM, ETC.] STREET CITY OR TOWN	
HILE NOT WHILE IAT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN	COUNTY STATE
220 1 certify that (1) (this haspital) attended the deceased from 7 - 18 , 19 8 , to 5 - 4	, that (1) (we) lost
sow the deceased alive an obove, (I) (we) (did) (did not) view the body after death. 27b. SIGNALIII DEGREE	
ATTENDING . MEDICAL CTAFE	226. DATE SIGNED 5-5-87
224. PHYSICIAN'S NAME (IVPE OF PRINT) 226 ADDRESS	TOWSON MI
122d PHYSICIAN'S NAME (IVPE OR PRINT) DR. CHILADA. 122d PHYSICIAN DIRECTOR PHYSICIAN DI	
DR. GHILADA. 1600 OSLER DRIVE 230 EURIAD CREMATION, REALIZED 236 DATE 236 NAME OF CEMETERY OF CREMATORY 238 LOCATION	
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8 2 6 KLY	11 -	FOR STATE REGISTRAR Mary S		DICAL EXAMINER'S			1298
SE SS. SS. ET,		CEASED NAME FI	MARY	WIDOLE	HEIL	20: DATE KNOWN OF ESTI- DEATH MATED	5/14 1987
IECESSARY, PLEASE UNRRAL DIRECTOR. FOR YOUR FILES. FOR YOUR SIRE FILESTON STREET,	3. SEX	male Whit	e S. DATE OF BIRTH	YEAR 6. AGE (IN YEARS IF LAST BIRTHDAY) MOI		4 HRS. 2c. DATE MIN. PRONOUNCED DEAD	5/14 19879
VECESSA CUNERAL FOR Y WITHIN	FO	RTHPLACE ISTALE OR REIGN COUNTRY) Maryland	76. CITIZEN OF WE	HAT COUNTRY? 8. MAR WIDO	RRIED NEVER MARRIE	Baltimon	re County
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P. Ser A S.			HOME OR OTHER INSTITUTION, GIVEN TY SALTIMORE	VERESIDENCE BEFORE ADMISSION) 13c. GITY OR TOWN LS.SEX	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 1804 Middleb	orough Rd. 21
	14. FA	THER'S NAME Harry	MIDDLE	leil LASI	15. MOTHER'S MAIDEN	vieve MIDDLE	O'Conner
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DHMH - 16 60M 7/B4

(VRA 15, 4)

12a. USUAL OCCUPATION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Mercantile 136.STREET ADDRESS / ZIP CODE 305 Patleigh Rd. 21228 Lober Dorothy Heinmuller - Same as Sec. APPROXIMATE INTERVAL PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 ID 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE and that in (my) (our) opinion death occurred on the date and hour and from the causes stated ATTENDING MEDICAL STATE 230 BURIAL, CREMATION, REMOVAL 23h DATE 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION 5/11/87 Westview Crematory Cremation Catonsville Baltimore LETTON PRECTOR Russell C. Witzke Funeral Homes P.A. 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 1630 Edmondson Ave., Catonsville, MD. 21228 Filia Davidson Randell

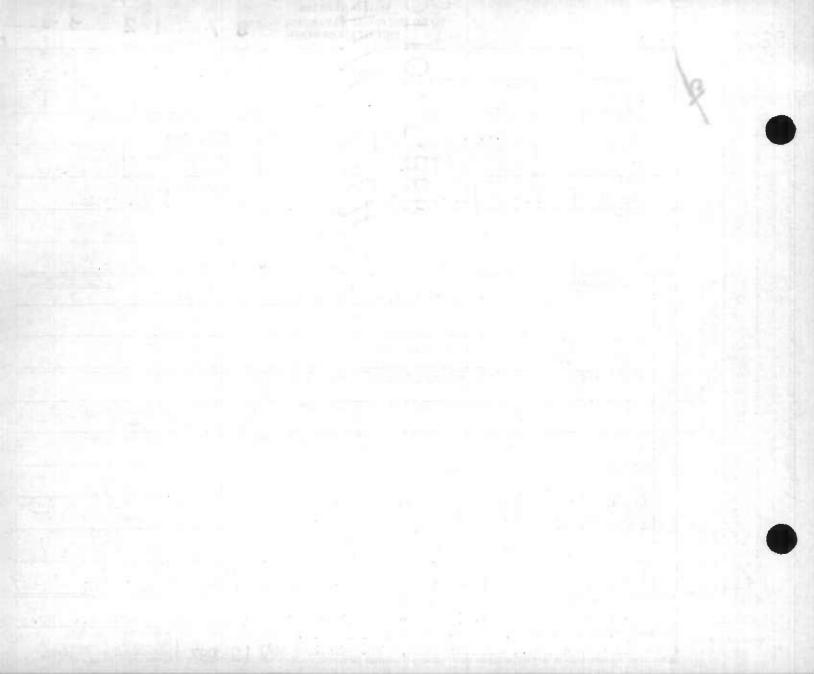
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE'S

2h HOUR

IF UNDER 24 HR

IF UNDER I YEAR



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	Table 1	1-	FOR STATE		DEPARTA		EALTH AND MENTAL HYG ICATE OF DEATH	GIENES 7	2 9 8		
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0		10×C1	TY OR TOWN OF DEATH		HOSPITAL, NURSIN	IG HOME C	OR OTHER INSTITUTION	12a USUAL OCCUPATION		BUSINESS OR	
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0 212	り		AL RESIDENCE (IF NURSING HOME O TATE 136 COU	ROTHER INSTITUTION	136 CITY OR TOW	ADMISSION)	13d INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP	CODE 2120	08	
LAN E			Maryland Bal	Ltimore	Pikesvill	e	YES NO 🔯	8804 Orchard Rd	•		
ARY			Albert Gessing	MIDDLE	LAST		Sophie Bitt		LAST		
rin S	sol s		VAS DECEASED EVER IN U.S. A	RMED FORCES?	16b. SOCIAL SECU	RITY NO.		Gloria Kreft ^{edress}			
BALTIMORE	Poge Poge		(IF YES, G	IVE WAR OR DATES)	212-30-3	334	3619 Granite R		dstock Maryla	nd 21163	
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	or re			DUE TO, O	OR AS A CONSEQUE	ANCE OF	P 0 -	(A-O	9	- 0	
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× × ×	physical phy		210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE	216. TIME C		Y YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN I	EM 18 PART I OR PART 2)		
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DIVISION OF VITAL RECORDS,	this he bunding Many Many Many Many Many Many Many Many	MEDICAL	21d. INJURY OCCURRED		OF INJURY REET, FACTORY, OFFICE F	ARM, ETC]	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE	
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Ď	Don't have		MXORI	CG J	SERM	ANA	A 18 E	- KasE	IN ST	•	
9	1 5213	23a E	BURIAL, CREMATION, REMOVA	L 23b. DATE	23c. N	NAME OF C	EMETERY OR CREMATORY	23d LOCATION	44	17.77	
	BP		Burial	6-1-8	77 D	ruid R	idge Cemetery	Pikesville Ba	ltimore	Marylan	
DH	IMH - 16 60M 7/B4	24. FI	INERAL DIRECTOR LOCIT	ng Byers F	uneral Dire	ctors,	Inc 25a. DA	TE REC'D. BY REGISTRAR 25b. F	REGISTRAR'S SIGNATU	RE	
	(VRA 15, 4)		8728 Liberty Road	Randalls	stown Maryla	nd 21	133	11N 1 1007 6	he Denderman	and the same	

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STON ST., BALTIMORE, MARYLAND 21201 DIVISION OF VITAL RECORDS, 201

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un 24 ho	in filled	35	13a S	Md. THER'S NAME	Pikesvil	/N	13d INSIDE CITY LIMITS? YEST NO [13. STREET ADDRESS / ZIP CODE 601 Wyanoke Ave	Apt 310 (18)			
uted with	complete	2)		Henry Henry ED FORCES? 1166 SOCIAL SECU	IDITY NO	Kattie	Dixon	LAST			
be exec	rs. Poges	1		ES NO OR UNKNOWN) (IF YES, GIVE V	217-10-8	680		601 Wyanoke Ave.				
ertificate	on poperemoval.			18 CAUSE OF DEATH (Enter only PART I DEATH WAS CAUSED IMMEDIATE		1C	()BSTRUCTIV	E RUMONARY	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
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ING PHY offendi	os the bi	OTARGO OF	MED	WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE I		211 LOCATION STREET	CITY OR TOWN	COUNTY STATE			
OR ATTEND	Shed for use Sept. of Heal	nem 2 i is m		22a L certify that (I) (this hospito saw the deceased alive an obove) (I) (we) (did) (did not) 22b SIGNATURE	19		DEGREE	to death occurred on the date and hou	19, that (I) (we) lost ond from the couses stated 22c DATE SIGNED			
OSPITAL (FUNERAL D	1		22d PHYSICIAN'S NAME (TYPE OR P	Yahha Yahha	am	ATTENDING PHYSICIAN D	MEDICAL STAFF DIRECTOR PHYSICIAN	15/10/10 Rolling			
TO HOS	should by		230 B	URIAL, CREMATION, REMOVAL SPECIFY Burial			EMETERY OR CREMATORY Valley Gem,	23d IOCATE TOWSON	Md. STATE			

24 FUNERAL DIRECTOR DHMH - 16 60M 7/84 (VRA 15, 4)

Chas.A.Rice FSPA 1300 Eutaw Place

750 DATE REC'D BY REGISTRAR 751 RECISTRAR SHEATHRE MAY 2 0 1987

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYCIENE

3 7 REG	. NO.	1	2	9	8	
OF DEATH	May	DAY	YEAR		26 HOU	

	FOR STATE REGISTRAR		DEPARTM		EALTH AND MENTAL HYGI	IENE 8 ZG. NO	, !	2 9	8	9
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	To. BIRTHPLACE (STATE OF FOREIGN)	76 CITIZEN OF	WHAT COUNTRY?	8. MARRIE	D NEVER MARRIED	9 BALTIMORE CITY O	COUNTY	OF DEATH		
9	Vermont	USA		WIDOWE	DIVORCED	BALTIMORE	COUN	VTY		MD.
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5	JSUAL RESIDENCE (IF NURS) NOME OF 130 STATE Maryland	OR OTHER INSTITUTION.	13c CITY OR TOWN Baltimor	1	YES 🕍 NO 🗌	13. STREET ADDRESS / 1633 B Wave			239	
4	FATHER'S NAME FIRST Thomas	MIDDLE R.	Montgome	ry	Persis	WIDDLE		Sherman		
2	160 WAS DECEASED EVER IN U.S. A TYES, NO OR UNKNOWN] (IF YES, G	RMED FORCES?	166 SOCIAL SECUR		17. INFORMANT	ADDRE			Va	a
-	No		230-20-8	245	Edward K. Amb	rose 14716	Lock		ntrevi	_
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	OR CONTRIBUTING CAUSE OF DI	21e, PLACE : {AT HOME, STR	OF INJURY EET, FACTORY, OFFICE, FAI	RM, ETC)	211 LOCATION STREET	CITY OR TO	NN	COUNTY	STATE	ā
	22a I certify that (1) (this hosp saw the deceased alive a above, (1) (we) (did) (did n	5-12	19 8	4-2	nd that in (my) (our) opinion d	leath accurred on the do		19.81., 1	hot (I) (we) le	lost
	tout 10	alerus			ATTENDING PHYSICIAN	MEDICAL STAF		27¢ DATE S	13/87	
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	24 FUNERAL DIRECTOR	11/10/	O ON RI	drug:	Chapel 1250 DAIE	Stephens	Sh P Cign	PAPPES PENIATI	ली कि	4
	Everly Funeral	Me 1056	5 Main St	Fair	rfax, Va. M	AY 1 8 1987	Julia	Designa	· Kondall	~

DHMH - 16 60M 7/B4 (VRA 15, 4)

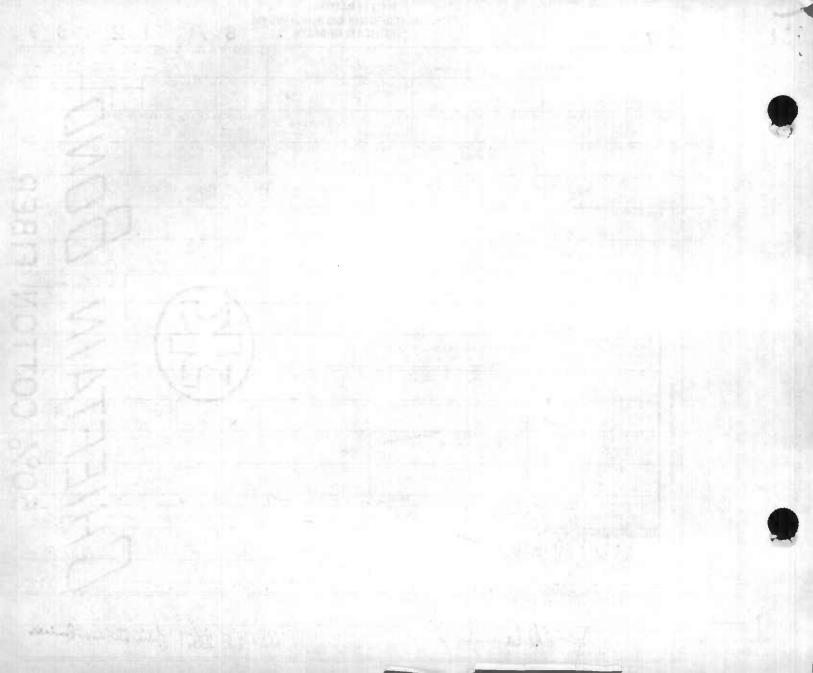
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and should be detached for use as the burial-transit permit. Then please remove corbonappers. Pages with the State Dept of Health and Mental Hygiene prior to burial, cremation, or remaval. IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or ather traumatic event, the medical

ENDING PHYSICIAN: The low

TO HOSPITAL

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5 3 6 2 0 HAY 18	17	FOR STATE REGISTRAR			CERTIFIC	OF MARYLAND ALTH AND MENTAL HY CATE OF DEATH	8 /	G. NO.	2	91
e 6 5		CEASED NAME FIRS	DAVID	MIDDLE	HII		20 DATE OF DEAT	5 12	187	3:29P
e 4 may be rtor page 3 offer death	3 SE	× MALE	BLA.	CV	5 DATE OF	BIRTH 13 193	6 AGE (IN YEARS LA	^	IF UNDER 1 YEAR	M
eath. Page	70. B	RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF	WHAT COUNTRY?	8 MARRIED, WIDOWED	NEVER MARRIED	9 BALTIMORE CI	YRS TY OR COUNTY RECOUNTY		MD
oy the ton	10. C	TOWS ON	11. NAME OF	HOSPITAL, NURSING BEACHTY, GIVE STREET OF COLOR	IG HOME OR	OTHER INSTITUTION	120 USUAL OCCU	OST OF WORKING LIFE	126 KIND INDUSTRY	CHNERAU
24 hours	130.	AL RESIDENCE (IF NURSING HE STATE 136.7	ME OR OTHER INSTITUTION COUNTY	GIVE RESIDENCE BEFORE	N 11	34 INSIDE CITY LIMITS?			0 4	7MOK€, 2.21229
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m ond co			S. ARMED FORCES? ES, GIVE WAR OR DATES)	166 SOCIAL SECU 213-26-		7 INFORMANT MR	es Hill L	1905 U	mo.	21229
physicio physicio n popers movol		18 CAUSE OF DEATH (En	ter only one couse per AUSED BY: EDIATE CAUSE (o)	Ine for (a), (b), on BRAIN	dici				APPRO	DXIMATE INTERVAL N ONSET AND DEATH
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CIAN II		210. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICALEX)	OF DEATH HOUR A.	M. MONTH DA		21¢ HOW INJURY OCCU	RRED (ENTER NATURE O	FINJURY IN ITEM 18 P	ART I OR PART 2)	
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PHTAL OF The OF		2/1 PHYSICIAN'S NAME	THE OR PRINT!	von 7	rank	ATTENDING PHYSICIAN Me ADDRESS	MEDICAL DIRECTOR PH	STAFF HYSICIAN X		/12/87
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Bruzdzinski Funeral Home PA 1407 Old Eastern

Julia Dividson Randall

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

FOR

REGISTRAR

1 - STATE

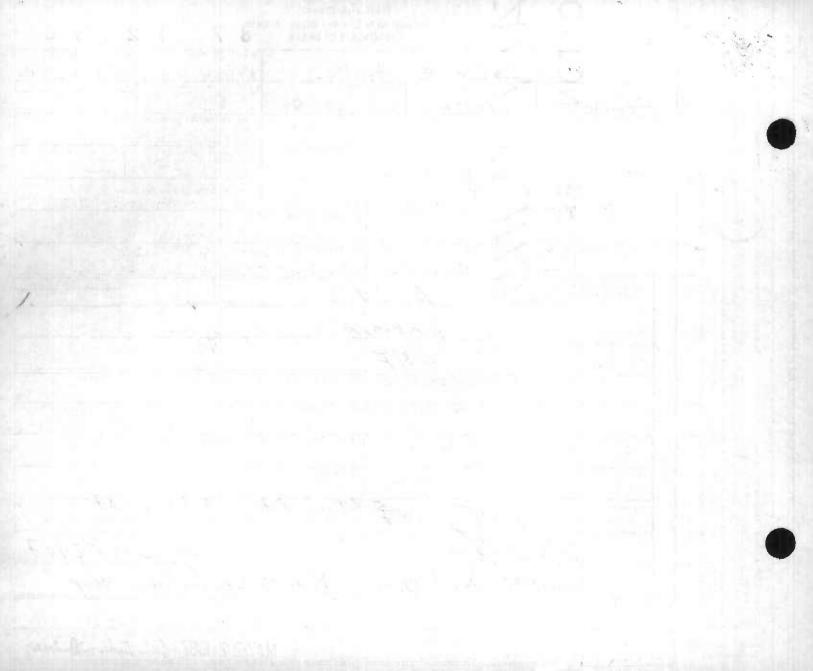
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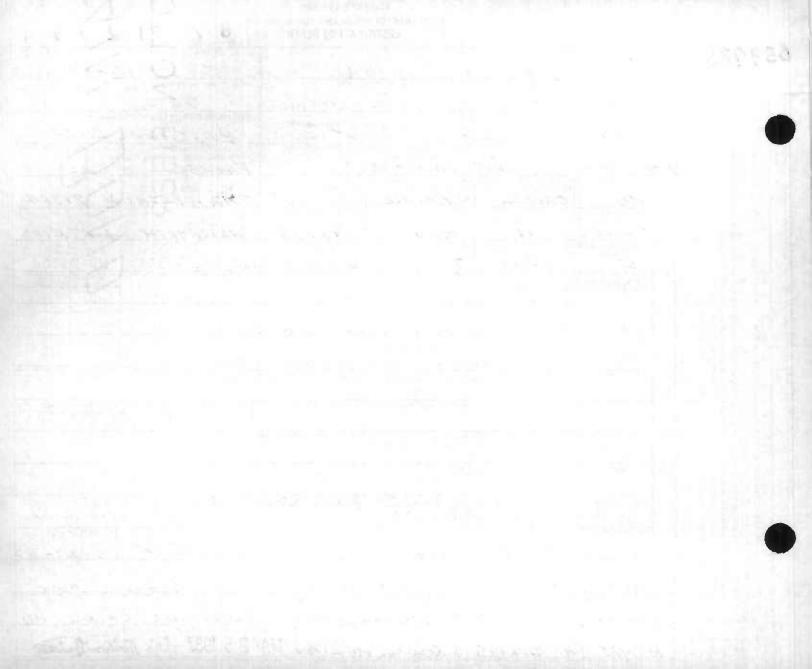
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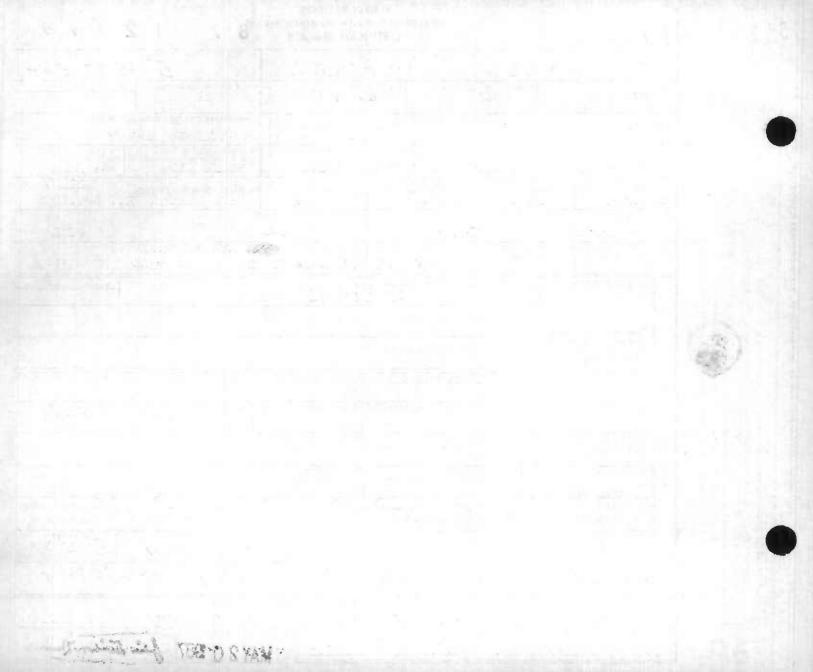
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to to	BI	PNOCESTOWN	BALTO. C			P.	FARMER	2 .	Se	
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B 100	130		1014 50	ITY OR TOWN		13d INSIDE CITY LIMITS?	13e.STREET ADDRESS			21784
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Jos ges			VE WAR OR DATES)	OCIAL SECUR	ally NO.	17 INFORMANT	ADDI			
o od E		NO	?			Lyman N. H	ood Sykes	sville	e, MD	21784
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riol-tr	14	OR CONTRIBUTING CAUSE OF DEA	71111		19					
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the	Z	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACT	TORY, OFFICE FAI	RM, ETC)	ZIKEET	CITTORT	OWIN	COOMIT	STATE
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A H S		saw the deceased alive on	5 - 27	108	7 , on	d that in (my) (our) opinion o	leath occurred on the	date and hou		
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should be det with the State		Allen J.	China	USA	1.0	Balt. Ca	Un1-1 1	Geny	00/	HOSP
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14 4044 7 /0 :		UNERAL DIRECTOR		-1.0	MAL		REC'D. BY REGISTRA			
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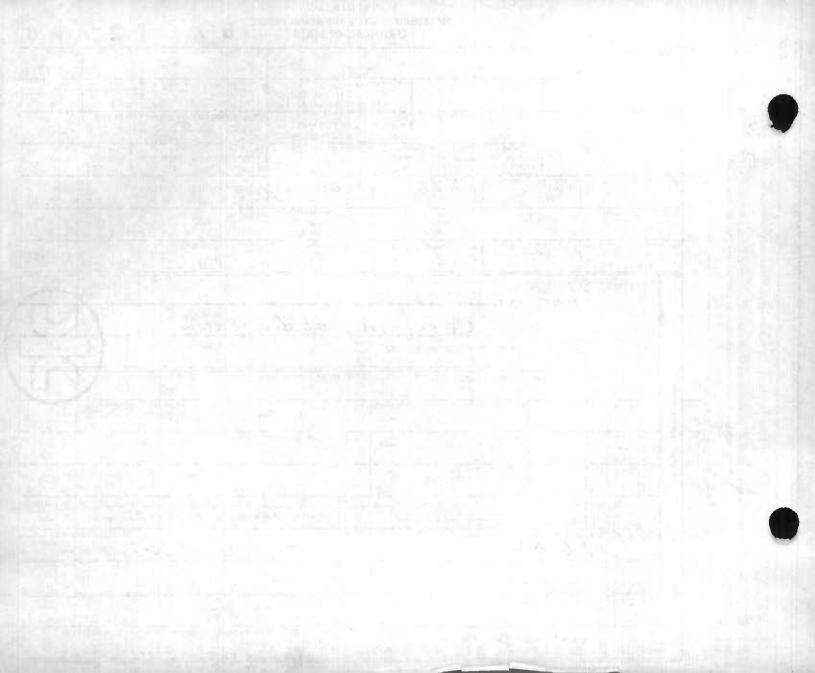


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56	10.0	Towson	A111		CH FACILITY, GIVE STREET	ADDRESS}	dical Center	Machine Or	F WORKING LI	FE) INDUSTRY	
and be		AL RESIDENCE (IF NUR STATE	13b COU	OTHER INSTITUTION		E ADMISSION) VN	13d INSIDE CITY LIMITS?	13. STREET ADDRESS 14312 Pho	ZIP CODE	2]	1131
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	16a V	VAS DECEASED EVER	IN U.S. AR	MED FORCES?	166 SOCIAL SECT	JRITY NO.	17 INFORMANT	14378	SSPhoe	nix Rd.	Tel
Pages	- (YES, NO OR UNKNOWN)	Kor	ean	218-22-0	6856	Robert V. Hu	dgins Phoen	ix. M	d. 2117	31
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Hygiene 18 shows	ERT	21a ACCIDENT WAS UN	DERLYING T	21b TIME	OF INJURY		21c. HOW INJURY OCCUR				NO []
Hea 1		OR CONTRIBUTING			A.M. MONTH D	AY YEAR					
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of He of He 21 is		sow the deceo	sed alive or	May 11	19_		nd that in (my) (aur) apinion	death accurred on the d	ate and hou	and from the	e couses stated
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should be deto with the State IMPORTANT. I		22d PHYSICIAN'S N					22. ADDRESS G.B.M.				
with With		BURIAL, CREMATION			23с.	NAME OF (EMETERY OR CREMATORY	23d LOCATION			
		(SPECIFY) Burial		May 1	4,1987 Re	eister	stown Meth. C	em. Reister	stown	Bal+	STATE
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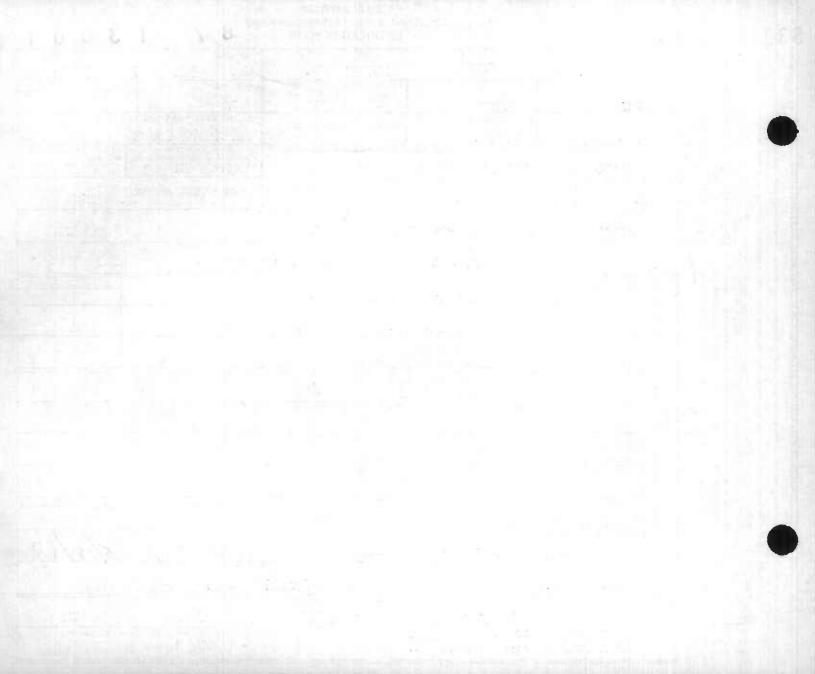
STATE OF MARYLAND

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STATE OF MARYLAND

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8	REG. NO.	
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9 5 5 HAY 20	1,	FOR STATE REGISTRAR		D	EPARTMENT OF	HEALTH AND MENTAL	6.1	REG. NO.		3 0	0 1
O. O. HAT EL		CEASED NAME	FIRST	MIDDLE		LAST	20 DATE C		ONTH DA	AY YEAR	26 HOUR
oge 3 deoth	[TYP!	OR PRINT)	Henry	EDWARD	HU	TTON JR.	May	18.	1987	5	1:55pm
D D	1, 5E	K		4 RACE	5. DATE	OF BIRTH	6 AGE (IN	YEARS LAST BIRTH	DAY) II	FUNDER 1 YEAR	IF UNDER 24 HRS
975	2	MALE		WHITE	APR	L 9 1911 YEA	76		YRS.	ONTHS DAYS	HOURS MIN.
90 25		RTHPLACE (STATE	OR FOREIGN	76 CITIZEN OF WHAT CO	UNTRY? 8.	D NEVER MARRIED		ORE CITY OR			
112		MD.		U.S.A.	WIDOW	ED DIVORCED	□ Balt	imore			MD.
5		BALTIMO	DRE	FRANKLIN SO	UARE HOSI	OR OTHER INSTITUTION	TYPE OF WO	OCCUPATION OF FOR MOST OF TERER			STERY
18	13a. S	AL RESIDENCE (IF N STATE MD.	13b COUN		ice before admission) OR TOWN IMORE	13d. INSIDE CITY LIMI	115? 13, STREET 8033	ADDRESS / EASTDA	ZIP CODE ALE RE	2122	4
100	IA FA	THER'S NAME FIRST HENRY	E	HUTTO	N, SR.	15 MOTHER'S MAIDE MARY	EN NAME	WIDDIE		O'CONN	ELL
Page:		VAS DECEASED EV (ES, NO OR UNKNOWN)		WAR OR DATES)	AL SECURITY NO. 3-0730	17 INFORMANT HENRY HU	TION III	(SON)	⁵ 8029	EASTDA	LE RD.
appendig		8 CAUSE OF DE	ATH (Enter an	y ane cause per line for (a)	, (b), and IC1.1						MATE INTERVAL
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by the		cause (a), sto underlying car		DUE TO, OR AS A COL	ageal Ca	ncer				16.30	
ple orio		PART 2. OTHER S	IGNIFICANT C	ONDITIONS CONTRIBUTI			TERMINAL DISEA	SE OR CONDI	TION GIVE	N IN PART 1:a	
Theory of the bar	NO.			Pneumo						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Post bearing the price p	CERTIFICATION	190 DATE OF OPE	RATION	19b. CONDITION FOR	WHICH OPERATION	N WAS PERFORMED	20a AUT	OPSY?	20b. IF YES, IN CERTIFY YES	WERE FINDIN ING CAUSES	GS USED OF DEATH?
Typ Typ	8	21a. ACCIDENT WAS	-	216. TIME OF INJURY	TH DAY YEAR	21c. HOW INJURY O	CCURRED (ENTER)	ATURE OF INJURY	IN ITEM 18 PAR	RT 1 OR PART 2)	
1000	CAL	(IF EITHER, NOTIFY M	EDICAL EXAMINER	P.M.	19					- 1- /-	
the thu of the bu h and M	MED	21d. INJURY OCCU	WHILE WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY		21f. LOCATION STREET		CITY OR TOWN	٧	COUNTY	STATE
teop =		22a. I certify that	(I) (this haspit	all amended the deceased May 18				ay 18		87	hat (X (we) last
SCTO CTO defe		saw the dece abave, (X/w)	did (ad not	May 18	_19 <u>87</u> , a	nd that in XX (aur) ap	pinian death accurr	ed an the date	and haur o	and fram the c	auses stated
of the best of the	В	22b. SIGNATURE	VIIV	VAX		DEGREE ATTENDI	ING MEDICAL	STAFF	,	Th. DAJE S	IGNED D
A South A		22d. PHYSICIAN'S	NAME (TYPE O	R PRHIII)	> ×	PHYSICI 22e ADDRESS	IAN DIRECTO	PHYSICIA	ANZ	15//8	189
TO FUN thould by MAPORT.			√yman.,				nklin Sq		rive.,	21237	
10	23a. E	URIAL, CREMATIO		23b. DATE		EMETERY OR CREMAT	CII	YORTOWN	2	COUNTY	STATE
BP	24 FI	BURTAI		5/21/87 NERAL HOME.		OF FAITH	a DATE REC'D. BY	LTIMORE REGISTRARI29			D.
HMH - 16 60M 7/84 (VRA 15, 4)	18	~3331 I	Brehms	NERAL HOME, Lane, Balto.	™d. 212	1.3	MAY 19	198/		LOCOLON Y	



1.	FOR STATE REGISTRAR	DEPART		EALTH AND MENTAL HYG	SIENE 8 / REG. NO	1 3	0	0 2
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3 SE	х	4 RACE	5 DATE C		6 AGE (IN YEARS LAST BIR		NDER I YEAR	IF UNDER 24 I
-	Female	White	Aug.	28 1895	91	YRS.	HS DAYS	HOURS M
	RTHPLACE (STATE OR FOREIGN COUNTRY) ew York	76 CITIZEN OF WHAT COUNTRY	? 8 MARRIE WIDOWE	D NEVER MARRIED	BALTIMORE CITY O	R COUNTY OF		
	TOWS ON	11. NAME OF HOSPITAL, NURS GEMC - 6701 N	ING HOME C	OR OTHER INSTITUTION	12a USUAL OCCUPATION OF WORK FOR MOST OF Homemake	F WORKING LIFE)	26 KIND C NDUSTRY	OF BUSINESS
13a. S	STATE 136 COL	PROTHER INSTITUTION GIVE RESIDENCE BEFORM INTY 13c. CITY OR TO Cockey	WN	13d INSIDE CITY LIMITS?	13e.STREET ADDRESS	ZIP CODE	21/	020
	ATHER'S NAME		sville	15 MOTHER'S MAIDEN NA	5 Beehiv	ve Place	411	030
)>	Frank	Wyrich		FIRST	Unkn	own	LAS	ξT
	WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SEC		17 INFORMANT	ADDRE			
	YES, NO OR UNKNOWN) IF YES, G	133-09	-4369	Edward A.	Imhof, 5 B	eehive	PI.	21030
	18 CAUSE OF DEATH (Enter of	inly one cause per line for (a), (b), a			minor, J D			MATE INTERVAL
	PART I DEATH WAS CAUS	ATE CAUSE 10) CARDIA		ST			30	MINUTE
	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF THE CONSEQUENCE OF T	ARY AR	TERY DISEASE			UN	KNOWN
NOI	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GIVEN I	N PART 1	D
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATIO	n was performed	200 AUTOPSY? YES NO X	20b. IF YES, WI IN CERTIFYING YES	G CAUSES	NGS USED OF DEATH?
74	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN	HOUR A.M. MONTH	DAY YEAR	21c HOW INJURY OCCUR	RED (ENIER NATURE OF HULL	RY IN ITEM 18 PART I	OR PART 2)	
MEDICAL	214 INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET FACTORY OFFICE	FARM ETC)	211 LOCATION STREET	CITY OR TO	wn	COUNTY	STATE
	saw the deceased alive a	n	87,	5 , 19 8 nd that in (my) (our) opinion	death occurred on the do	. 19_	87 d from the	that (1) (we) causes stated
	Celan B	August	^	ATTENDING PHYSICIAN [MEDICAL STAT	F IAN []	22c. DATE	10/8
/	GEORGE B AL	BRIGHT, M.D.	N.	10 WARRE	N RD			
	BURIAL, CREMATION, REMOVA	L 23b DATE 23c	NAME OF C	EMETERY OR CREMATORY	23d LOCATION	- 40		
	urial	5/13/87	st. Joh	nn's Cem.	Middlevill		een's	N.
4	Bryan W. Clary	lary ADDRESS 10/W. Padonia		250 DA1	TE REC'D. BY REGISTRAR	256 REGISTRAR	S SIGNAT	

STATE OF MARYLAND

BY TIME I SHOULD BE A SHOULD B

To the state of th

funeral director, page 3 thin 72 hours after death

injury, or ather traumotic event, the medical

MPORTANT: If Hem 21 is marked or hem

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and c should be detached for use as the burial-transit permit. Then please remove corban papers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

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within 24 hours after

death certificate

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requir retained by the haspital or attending physician

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REG. NO	o. 1	3	U	0	16.
DEDEATH	MONTH	DAY	YEAR	25 H	OLID

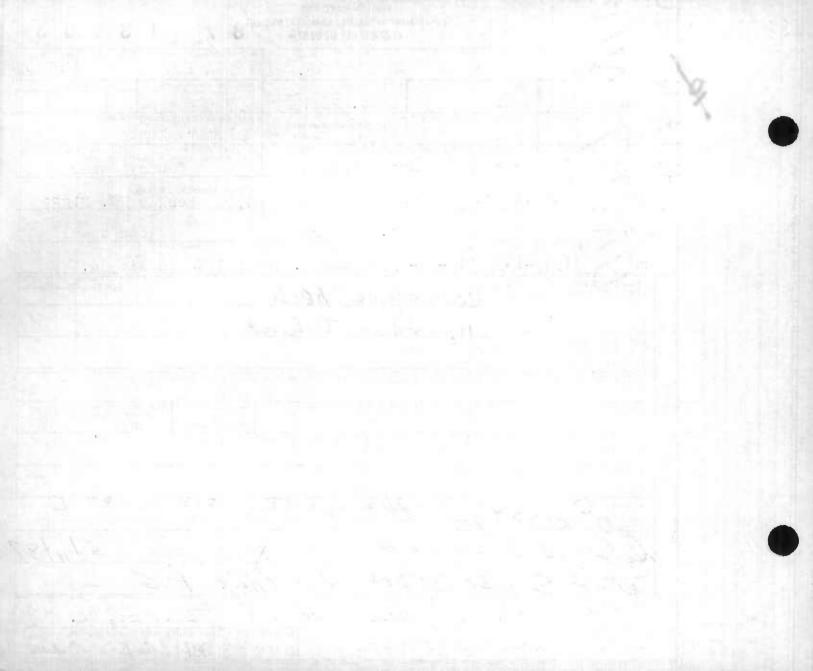
0	FOR STATE REGISTRAR	DEPA	RTMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	BIENE 8 7 REG. NO.	3003
	PECEASED NAME FIRST	WIDDLE	(AST		AY YEAR 26. HOUR
	John	J	JAMES Sr.	May 8, 1987	2:50 p _M
3. S	EX	4 RACE	5. DATE OF BIRTH		IF UNDER TYEAR IF UNDER 24 HRS
	Male	White	Sept. 26 1929	57 YRS.	ONTHS DAYS HOURS MIN.
7a	BIRTHPLACE (STATE OF FOREIGN , COUNTRY)_	76 CITIZEN OF WHAT COUNTS	RY? 8 MARRIED A NEVER MARRIED	9. BALTIMORE CITY OR COUNTY	
	laryLand	USA	WIDOWED DIVORCED	Baltimore Count	y MD.
	CITY OR TOWN OF DEATH ROSSVILLE	III. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE STI Franklin Sql		(TYPE OF WORK FOR MOST OF WORKING LIFE Bakery	
130	UAL RESIDENCE (# NURSING HOME OF STATE 136 COUL MARYLAND BA	TOTHER INSTITUTION, GIVE RESIDENCE BE TY 13c. CITY OR TO LTIMORE DUNC	QWN , 13d. INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CODE	
-	FATHER'S NAME	1	15 MOTHER'S MAIDEN NA	1100 100770	Rd. 21222
1	Charles	James James	Sr. Sarah	MIDDLE	senthaul
_	WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SE		ADDRESS	GIICIIAUL
Е	yes no or unknown) 11 yes Gp	-1953 215-32	2-7558 Lois M. Ja	mes 1700 Lesli	e Rd
CERTIFICATION	Conditions, if only, which gave rise to immediate couse tol, stating the underlying cause last. PART 2. OTHER SIGNIFICANT (QUENCE OF TO DEATH BUT NOT RELATED TO THE TERM ICH OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF YES,	WERE FINDINGS USED
1 #				YES NO YES	ONO [
	?10, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH	DAY YEAR	RED (ENTER NATURE OF INJURY IN ITEM 18 PA	RT I OR PART 2)
MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFI	CE, FARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
		tol) ottended the deceased from		death occurred on the date and hour	9 , tho (1) (we) last and from the causes stated
	DILLA ME	Thomas	PD DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	220 DATE SIGNED 87
	DEBICA S	WERTHO	5 MD 861 1	ARK AVE	
230	BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		Garrison Forrest	23d LOCATION CITY OF TOWN 1 timor	e, Md.
24	FUNERAL DIRECTOR		250. DAT	E REC'D. BY REGISTRAR 256. REGISTR	

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

Commelly Funeral Home of Dundalk

Julia Davidson Pandass



6	200	o	1 -	FOR STATE REGISTRAR		DEPAR	MENT OF H	E OF MARYLAND LEALTH AND MENTAL HYG ICATE OF DEATH	0 /	EG. NO.	3	0	0 4
0 0	9 64	J. IM.		CEASED NAME FIRST OR PRINT) VIOLA	L "	AIDDLE	JEFFE	ERSON:	2a. DATE OF DE	ATH MONTH	7	YEAR 87	12:15 A
	poge 3		3. SE		4 RACE		5. DATE O		6. AGE (IN YEARS			RIYEAR	IF UNDER 24 HRS
	ofter	,	3. 3E	Female	White				76		MONTHS	DAYS	HOURS MIN.
	Pog.	15.07		RTHPLACE (STATE OR EOREIGN		WHAT COUNTRY	2 8	D NEVER MARRIED		YRS	TY OF DE	ATH	
	deoth	00/	N	ew Jersey	U.S.		WIDOW	D DNORCED	BALTIMO	RE COUN	TY		MD.
	by the f	Sifed	T	OWS ON	GBMC -6	701 N. C	HARLES	OR OTHER INSTITUTION	12a USUAL OCC (TYPE OF WORK FOR Homema	UPATION MOST OF WORKING LKET	12b. IND	KIND O	F BUSINESS OR
NO ZIZ	24 hou	35		TATE 136 COUL	rother institution. NTY timore	GIVE RESIDENCE BEFO 13t. CITY OR TOV Phoeni		13d INSIDE CITY LIMITS? YES NO XX	13 SIREET ADD 4058 Da	RESS / ZIP CO ance Mil	PE Rd	1, 21	131
MAKTLA		13	1) 50	THER'S NAME Nicholas	MIDDLE	LaPorte		15 MOTHER'S MAIDEN NAM Marie		DDLE	Ca	ıffei	rele
MORE,	1	170	16a V	VAS DECEASED EVER IN U.S. AR 165, 100 or unknown) (16 yes, gi	LISTAN OR OR NATES	166 SOCIAL SEC 119-07-0		17 INFORMANT Edwin D. Jeff		address same as	#13e		18
DIVISION OF VITAL RECORDS, 201 W. PRESION ST., BALLIMORE, MARYLAND	requires that the deatl	any injury, or other troumotic even	CERTIFICATION	18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDIA Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost PART 2 OTHER SIGNIFICANT I	DUE TO, OR DUE TO, OR DUE TO, OR (b) DUE TO, OR (c)	R AS A CONSEON	JENCE OF JENCE OF		INAL DISEASE OF				IGS USED
×	Pe L	3 4	TIFIC						YES T NO		TIFYING O	CAUSES	OF DEATH?
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5	attendin ospitol or ECTOR: Aft ed for use o	21 is		220.1 certify that (1) (this hasp saw the deceased alive or above, (1) (we) (did) (did no		19		nd that in (my) (our) opinion of	, to5/ death occurred on			rom the	
	HOSPITAL ned by 11 FUNERAL uld be dete	MPORTANT: If Hem		JOY L HOWA		el .	m.	ATTENDING	MEDICAL DIRECTOR DE			5/	7/8-7
	BP	3 2 1	23o E	urial, cremation, removal SPECIFY) Cremation	236 DATE 5-8-87			ew Mem. Park	23d LOCATIO CITY OR TO Bal	timore,	Mary	land	d STATE
	DHMH - 16 60 (VRA 15,		24 FU	INERAL DIRECTOR ACK TOWSON Fune	ral Home	Inc. To	50 Yor	K KQ.	E REC'D. BY REGIS	STRAR 256 REGI	ISTRAR'S	SIGNAT	

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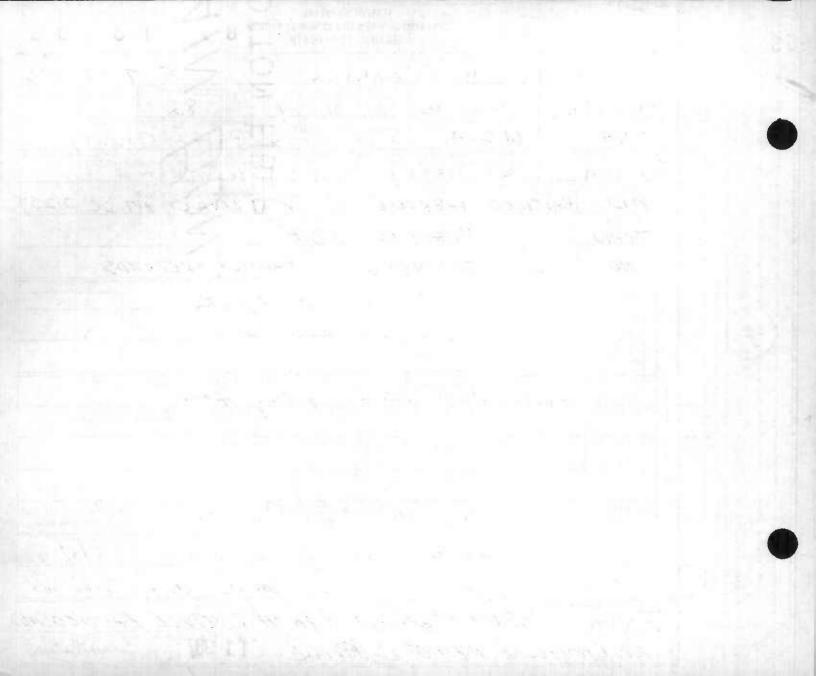
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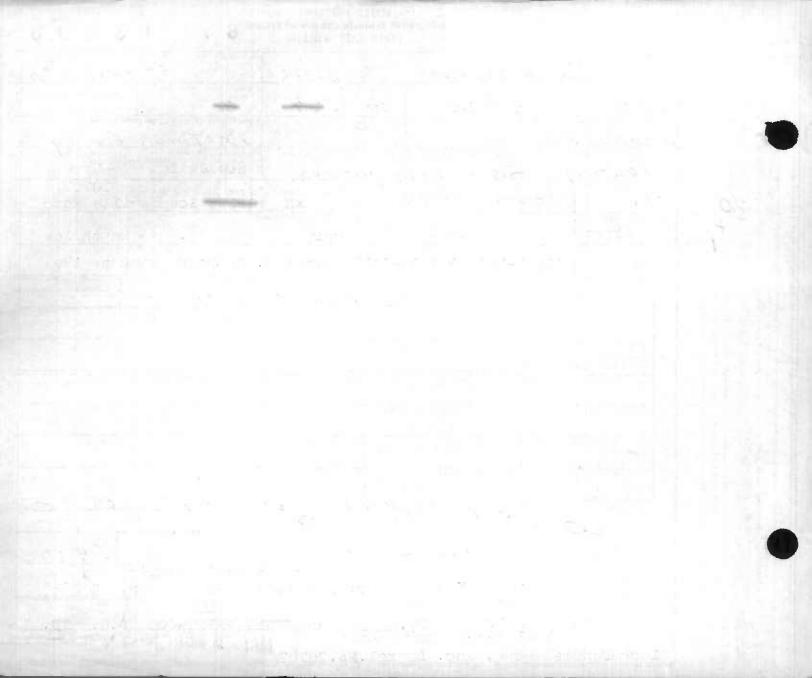
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	1		STATE OF MARYLAND	
	1.	FOR STATE	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8	3005
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		CEASED NAME FIRST	MIDOLE LAST 20. DATE OF DEATH MONTH O	DAY YEAR 26 HOUR
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pool book	3. SE	X		IF UNDER I YEAR IF UNDER 24 HRS
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4 50 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		RTHPLACE STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 BALTIMORE CITY OR COUNTY	OF DEATH
deot deot		V/H.	U. J. A. WIDOWED DINORCED & Salto. Co	ounty MD.
The fee	10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION I IF DOZ IN SUCH FAGUITY, GIVE STREET ADDRESS) 1 (Type OF WORK FOR MOST OF WORKING LIFE	176 KIND OF BUSINESS OR
الأفلاق في الله		wson	ST. Joseph Hospital Homemaker	11110031111
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Jarylan d within	14 F	ATHER'S NAME	15. MOTHER'S MAIDEN NAME	
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5 0-		VAS DECEASED EVER IN U.S. AR		
MORE, and or Pages medical	(YES, NO OF UNKNOWN) I IF YES, GIV	VEWAR OR DATES) 227-14-2860 FAMILY RECOTE	205
ALTI re borers. ers.		18 CALISE OF DEATH (Enter or	nly one cause per line for (a), (b), and (c).	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
phys noop nover,		PART I. DEATH WAS CAUSE	D BY.	2 - /C
S		IMMEDIA	TE CAUSE 10) that Mydarchet & Jaroba	2 -19
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PRESTON The death of Motion, or r froumofic	100	Canditions, if any, which gave rise to immediate	(b) Westerland Many Many	123
W crea		cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF	
201 peed th price,			((c)	
	z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVE	N IN PART TIG
been sig rmit. Ther prior to k	1 €	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 ACTOPSY? 206 IF YES.	WERE FINDINGS USED
REC to be	CERTIFICATION	176 DATE OF OPERATION	IN CERTIFY	ING CAUSES OF DEATH?
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Physical Hysical Hysic		OR CONTRIBUTING CAUSE OF DE	The state of the s	RT 1 OR PART 2)
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NO O O O O O O O O O O O O O O O O O O			atal) attended the deceased from 19 17, to 5/7, 1	9 that (I) (we) last
CTO CTO			it) view the bady/affer death.	and from the causes stated
OR e ho		22b. SIGNATURE	DEGREE	224 DATE SIGNED
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HOSPITAL oined by the outed by the outed be det outed be det in the Store in the Store		22d PHYSICIAN'S NAME (TYPE O	OR PRINT) 22e ADDRESS	
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5 € 5 € 3 ₹ 1	230	URIAL REMATION, REMOVAL	236. DATE 236 NAME OF CEMETERY OR CREMATORY 236 LOCATION	
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DHMH - 16 60M 7/84		INERAL DIRECTOR	250 PATE RECO. BY RECOVERAR 256 REGISTR	PAR'S SIGNATURE
51 11 10 00/N 77 D4	1	MANS CHAVE	OF MENTALIFY MANNING WANTER	Cordson Pandage



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oy be redeath	(TYPE	CEASED NAME OR PRINT)	ARA.		izabeth		iasi VES NECK		ATE OF DEATH	MONTH	4-4	87	26 HOUR
ge 4 mc ector. p	3. SE:	emale		4. RACE Cauca	sian	5. DATE			62-65	RTHDAY) YRS.	MONTHS	DAYS	HOURS MIN.
de control de la	and the	RTHPLACE (STATE OR FI COUNTRY)		76 CITIZEN OI	F WHAT COUNT	RY? & MARRI	NEVER MARRIED	7. BAI	BY LTI				Tu MC
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AND 213	13a S	AL RESIDENCE (IF NURSI STATE 10.	136 COUN HO	other institution	13c CITY OR TO		13d INSIDE CITY LIMITS?	10	REET ADDRESS 599 SC	/ ZIP COI	UE .	2070 1e F	
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TIMORE be execu	like V	VAS DECEASED EVER		MED FORCES?			77 Howard	F. J	esneck		me a		AATE INTERVAL
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 BING PHYSICIAN. The law requires that the deoth certificate be executed within 24 hours rateralise physician. When this certificate has been signed by the ottending physician and comment. Then please remove carbon exercises and comment of the ord Memol Physician prior to buriol, cremation, or removal and memory against the prior to buriol, cremation, or removal and contact a	NO	Conditions, if ony, gave rise to imm cause (a), stating underlying cause	which nediote g the last	DUE TO, (b)	OR AS A CONSE	OUENCE OF	DREAST			IDITION G	IVEN IN F	ART Iro	
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OR ATTENDIN ne hospital or o DIRECTOR: Aft ne of far use as Dipt. of Health		22a. I certify that (I) saw the decease above, (I) world 22b. SIGNATURE	(this hospit	al) offended to	he deceased fro	om 4- 987	nd that in (my) of opinion DEGREE ATTENDING	on death a	OCAL STA	FF		om the co	IGNED
O HOSPITAL O HOSPITAL TO FLINE A HOUGH BESTANT HOUGH STANT		22d PHYSICIAN'S NA Carla	Alex	ander		- acc	PHYSICIAN 226. ADDRESSStel Pulaney Va	la M	ctor□physk laris H 7 RdT	ospi			21204
BP DHMH - 16 60M 7/B4 (VRA 15, 4)	24. FI	Burial CREMATION, IS SPECIFY) Burial UNERAL DIRECTOR NAME Leck Fune	76	5/7/8 01 Sar	87 I	ET.LIN	COLN CEMET Oad 250 D	ERY	BRENTW	OOD	P. (3.	MD STATE



BP.

poge

FOR - STATE REGISTRAR DECEASED NAME (TYPE OR PRINT)

Female

Georgia CITY OR TOWN OF DEATH

Towson

Md.

4. FATHER'S NAME

Robert

(YES, NO OR UNKNOWN)

USUAL RESIDENCE (IF NURSING HOME OR OTHER 130 STATE 136 COUNTY

160 WAS DECEASED EVER IN U.S. ARMED F

18 CAUSE OF DEATH (Enter only one

O. BIRTHPLACE (STATE OF FOREIGN

3 SEX

Asenath

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MIDDLE C.

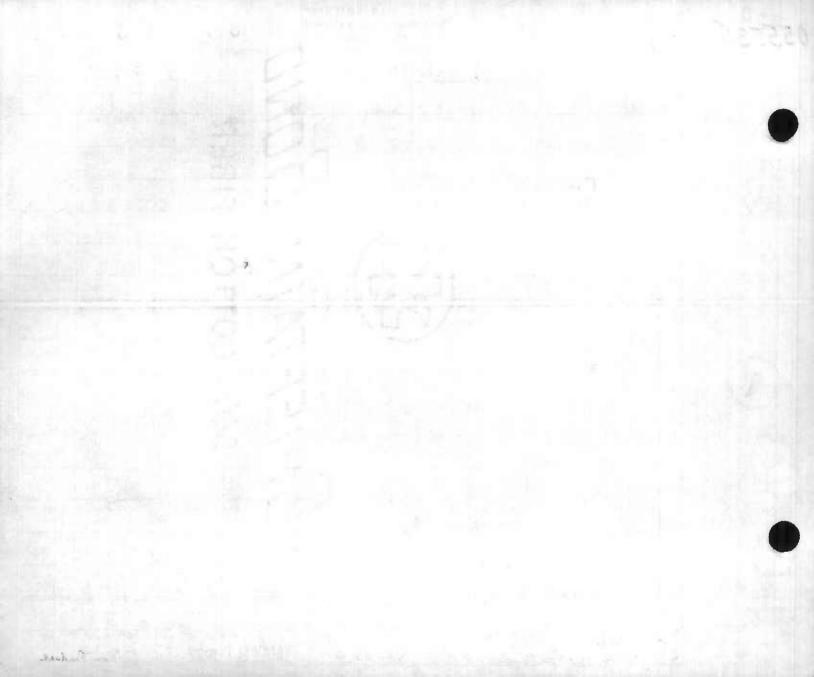
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		John	son			. (05 0	7 87	12	:10pm
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	H FACILITY, GIVE STREET	ADDRESS)		Center	(TYPE OF WOR	reta:	WORKING LI	FE) INDUSTRY	rch	
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	Smoot			MAIDEN NA/	ME	MIDDLE	S	mith "	51	
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	OF INJURY REET, FACTORY, OFFICE, FA	ARM ETC)	711. LOCATIO	N		CITY OR TOV	VN	COUNTY		STATE
v 7.	19.8	April Z		719	, to	May /	te ond hou	19.87	- 1	(we) last
the bady	after death.		DEGREE		27.55			22c. DATE	SIGNE	D
1	MO			TTENDING PHYSICIAN	MEDICAL	STAF				
			22e ADDRES				4.7			

PART I. DEATH WAS CAUSED BY IMMEDIATE CAL Canditions, if any, which gove rise to immediate cause (o), stating the underlying cause 0 PART 2. OTHER SIGNIFICANT COND CERTIFICATION 19a DATE OF OPERATION per 71a. ACCIDENT WAS UNDERLYING the buriol-tran OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED NOT WHILE AT WORK 22a I certify that (1) (this hospital) at saw the deceased alive an Ma abave, (1) (we) (did) (did not) view TTE SKINATURE should be detor with the State D IMPORTANT: If 274 PHYSICIAN S NAME (TYPE OF PRINT Jacob L.Glock.MD G.B.M.C. 230 BURIAL CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (SPEC IFY) CITY OR TOWN COUNTY STATE Removal 5-12-87 24 FUNERAL DIRECTOR 25 RECISTRANS IGNANCE DHMH - 16 60M 7/84 State Anatomy Board Balto., Md. (VRA 15, 4)

Tour Street And THE S I YAM



STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

7

300

REGISTRAR REG. NO LAST I. DECEASED NAME EIRST 2a DATE OF DEATH MONTH LIYPE OR PRINTS MAY 22, 1987 **EMMA** ELLEN JOHNSON 3 SEX 4. RACE 5 DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR eb. 16, 1908 White Female 70 BIRTHPLACE ISTATE OF FOREIGN 76. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Baltimore County, Marvland U.S.A. WIDOWED 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 176. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) Towson St. Joseph Hospital Homemaker Home USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 21204 1136 COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE Baltimore 21204 944 Dulaney Valley Rd. NO X Marvland 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Elizabeth Schaeffer Samuel Beares 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT 213-01-9912 Elizabeth C. Pearce Glen Arm, MD 21057 No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for to), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) ACUTE EARDIO PULMONARY INSUFFICIENCY DUE TO, OR AS A CONSEQUENCE OF ASC V D Conditions, if ony, which gove rise to immediate couse (a), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse last. DIABETES -PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 MYOCARDIAL INFARLTICK 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOF 71a ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 71d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OF TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) WHILE NOT WHILE 220 I certify that (I) (this bospital) attended the deceased from sow the deceased alive on MAY 21 19 and that in (my) (sur) opinion death occurred on the date and hour and from the causes stated 226. SIGNATURE DEGREE 77c. DATE SIGNED ATTENDING MEDICAT. PHYSICIAN THE DIRECTOR PHYSICIAN [22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS

57 West

23c NAME OF CEMETERY OR CREMATORY

DHMH - 16 60M 7/84 (VRA 15, 4)

should be

24 FUNERAL DIRECTOR

236. DATE

Robert W. Lisle, M.D.

230 BURIAL, CREMATION, REMOVAL

BURIAL

FORK METHODIST CHURCH BALTIMORE CO., MD STATE OF THE PROPERTY SIGNATURES AND STATE OF THE SI

252-3232

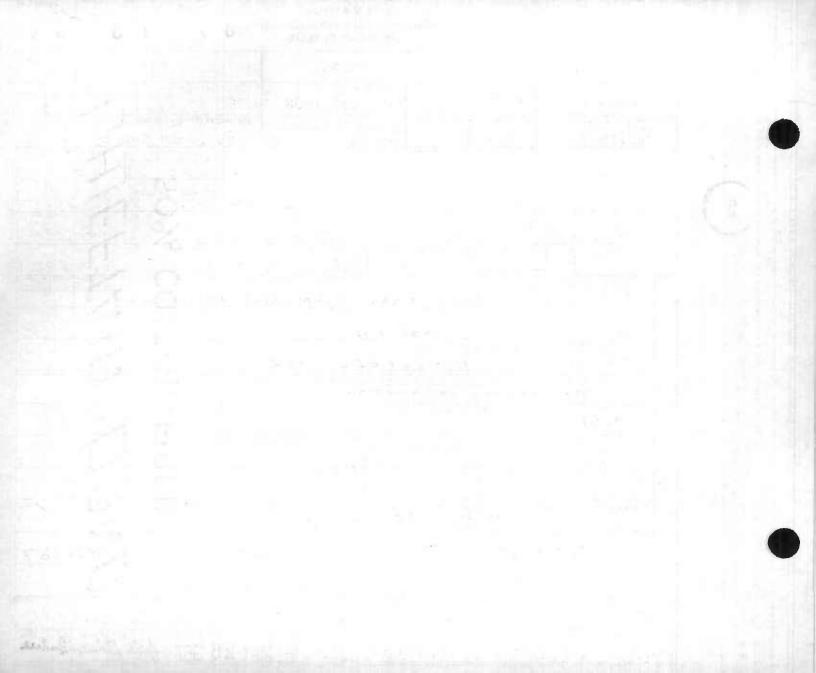
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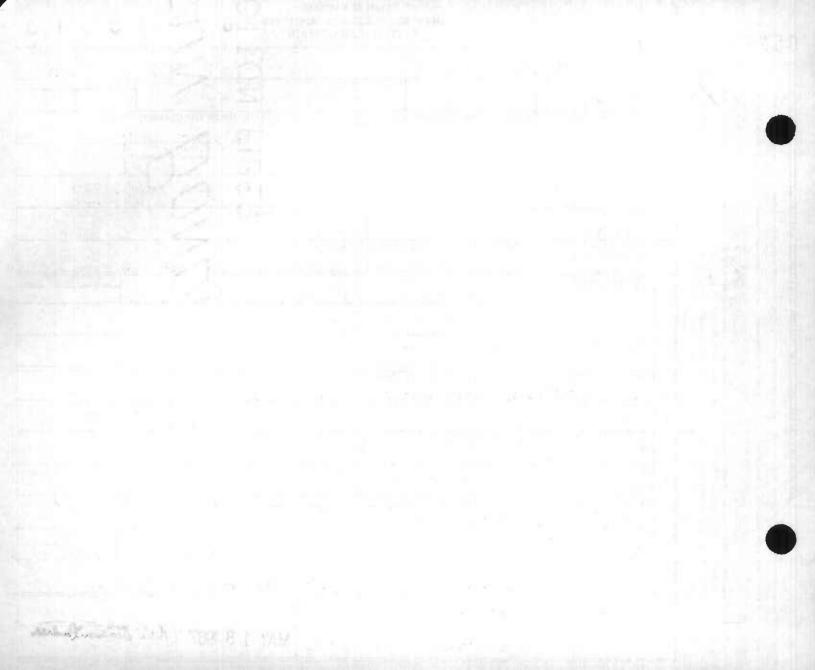
WILLIAM E. JOHNSON8521 LOCH RAVEN BLVD.

MAY 26, '87

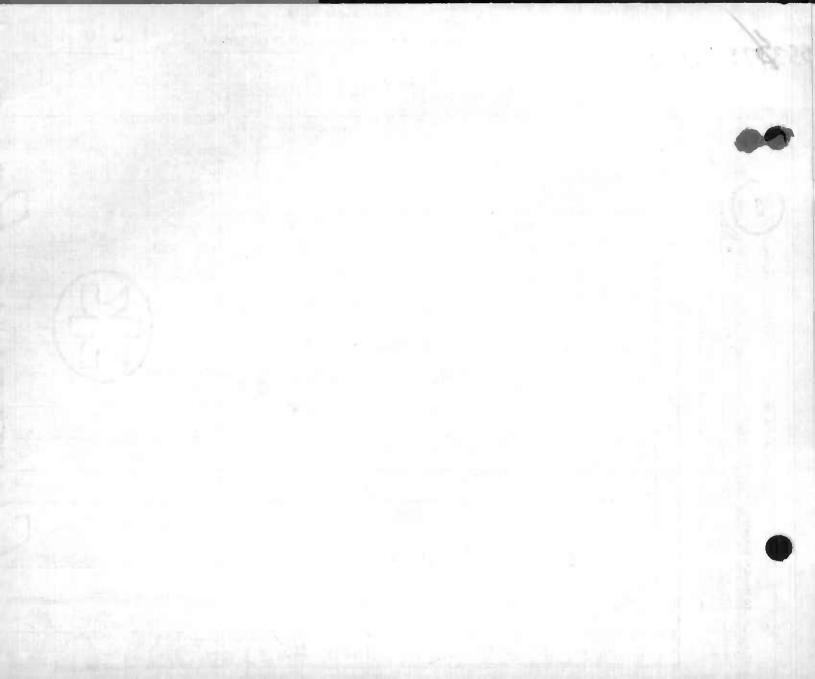
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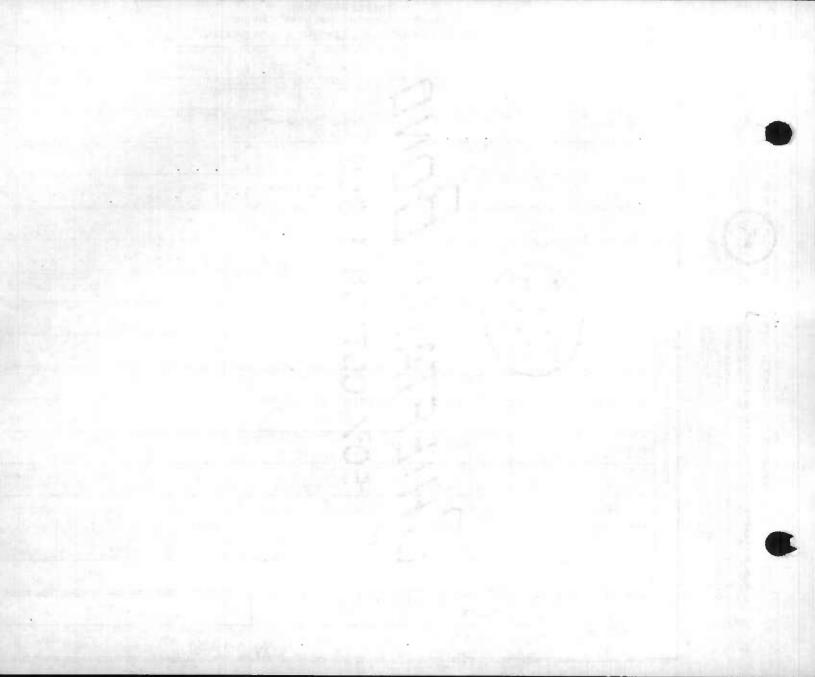




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TO MEDICAL EXAMINER: 1 EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORV TO FUNERAL DIRECTOR: P AFTER DEATH, WITH THE SI BALTIMORE, MARYLAND, 3	22 5				~ 22.				ADDRESS_					Da	100.	PID.	
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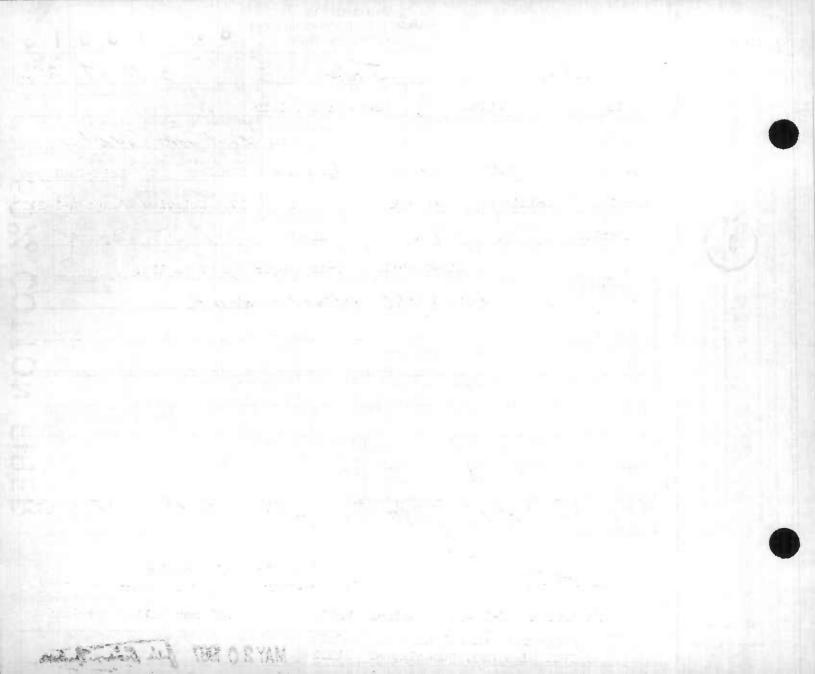


STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME FIRST DATE KNOWN (TYPE OR PRINT) ESTI-OF SHOR YOUR FILES. WITHIN 72 HOURS Leroy Jones Jr. DEATH MATED Percy 17/19 87 4. RACE 5. DATE OF BIRTH & AGE (IN YEARS | IF UNDER I YR IF UNDER 24 HRS 7:30 P M DATE MONTH LAST BIRTHDAY PRONOUNCED 20 39 Male Black 11 47 YRS DEAD 19 87 To BIRTHPLACE (STATE OR TE CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) Md. U.S.A. WIDOWED Baltimore County, DIVORCED CITY OR TOWN OF DEATH 1. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY Lochearn 1 Brubar Court M.T.A. HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONAL 30 STATE COUNTY 13e STREET ADDRESS CITY OR TOWN 13d. INSIDE CITY LIMITS? Md. 1136 Forest St. 21202 Baltimore NO [] 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE Elizabeth Percy Lerov Jones Jones 17 INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. ADDRESS (YES, NO. OR UNKNOWN) 219-26-7491 No 1136 Forest St. Annette Jones 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BURIAL - TRANSIT PERMIT AND MENTAL HYGIENE, VATION, OR REMOVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Multiple Stab Wounds IMMEDIATE CAUSE (o)_ DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN P PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXA TO FUNERAL DIRECTOR; PAGE 3 SHOULD BE USED AS A BURIAL. SHE NORTH, WITH THE STATE DEPARTMENT OF HEALTH AND ME BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH DUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO T 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 5/ 17/19 87 subject stabbed 21e PLACE OF INJURY LATHOME 211, LOCATION STREET, FACTORY, FARM, ETC.) WHILE AT WORK Brubar Court, Baltimore County, Md. home Autopsy X 220 I certify that Ltook charge of the remains described above, held on Inspection and in my apinion Hamicide X Undetermined monner ITTE (SPECIFY Assistant MEDICAL EXAMINER 5/18/87 EXAMINER'S NAME Dennis F. Smyth, M.D. 111 Penn St. (TYPE OR PRINT) ADDRESS 23e. BURIAL, CREMATION, REMOVAL 23b. DATE 23d LOCATION 23c. NAME OF CEMETERY OR CREMATORY 5-23-87 Cedar Hill Anne Arundel Co. Md. 07/B4 BP Burial 25M 24 FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR 125b REGISTRAR'S SIGNATURE March Funeral Home ADDRES 1101 E. North Ave Town Pandres **DHMH - 17** (VR A15 ME (5))



DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I DECEASED NAME 20 DATE OF DEATH MONTH 26 HOUR 3 4 (TYPE OR PRINT) 4 RACE 3. SEX 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR Male White November 28, 1929 57 IN BIRTHPLACE ISTATE OF FOREIGN TE CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maryland USA DIVORCEDXIX I CITY OF TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OF TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY OWSON Self-Employed Plumber USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONI 113b COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE 1704 Holaview Rd Apt A-1 21222 Maryland Baltimore Dundalk NO X 14 FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE FIRST MIDDLE Charles E. Jordan Irene Nippard 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT **ADDRESS** (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) No 215-28-9176 Patsy Noves Same as 13e. APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (a), 1b), and (c).
PART I. DEATH WAS CAUSED BY: Adeno CARCINO MA IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 116. CERTIFICATION 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO 210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY OR CONTRIBUTING CAUSE OF DEATH YE AR (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED THE PLACE OF INJURY 21f LOCATION CITY OR TOWN COUNTY STATE AT HOME STREET, THE TORY, OFFICE PARM, ETC.) NUT WHILE 27s.1 certify that (1) this haspital attended the and that in (my four popinion death occurred on the date and hour and from the causes stated obave, (II (we) (did) (did not) new the bod Author death 776 SIGNATURE DEGREE 22c. DATE SIGNED MEDICAL FUNERAL I PHYSICIAN DIRECTOR PHYSICIAN ne ADDRESS Stella Maris Hospice 724 PHYSICIAN'S NAME ITELEPHIN Eddie Nakhuda, M.D. 2300 Dulaney Valley Rd.-Towson, MD 21204 0 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 236. DATE Dulaney Valley Marylandiate (SPECIFY) Dulaney Valley Entombment 5-21=87 24 FUNERAL DIRECTOR Duda-Ruck Funeral Home of Dundalk 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 (VRA 15, 4) 7922 Wise Ave. Dundalk, MD 21222

STATE OF MARYLAND



(VRA 15,

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-	FOR STATE REGISTRAR			DEPAR		ICATE OF E	MENTAL HYGI DEATH	ENE 8	REG. NO		3	0	10	
1	I. DECEASED NAME	FIRS1		MIDDLE	ı	AST		2a DATE OF	DEATH /	HTMON	DAY	YEAR	26 HOUR	
	В	ertha	Luella K			gle	sales.			4	87	12:15A		
	3 SEX		4. RACE		5. DATE C			6. AGE IIN YE	ARS LAST BIRTI		MONTHS	DAYS	IF UNDER 24 HRS	
	Female		Whit		12	13	1903		83	YRS				
1	To BIRTHPLACE (STATE C	R FORFIGN		WHAT COUNTRY	Y? 8 MARRIE	D NEVER	MARRIED -	9 BALTIMORE CITY OR COUNTY OF DEATH						
-	Maryland		USA		WIDOWE		VORCED [Ba	MD					
0	Randallstow	n	111. NAME OF HOSPITAL, NURSING HO (IFNOT IN SUCH FACILITY, GIVE STREET ADDRES Meridian Nursing				TITUTION	126 USUAL OCCUPATION (TYPEOF WORK FOR MOST OF WORKING LIFE) INDUSTRY HOUSEWIFE					BUSINESS OR	
· Second	USUAL RESIDENCE (IF NO 130 STATE Maryland	13b COUN		Reister	WN	13d INSIDE C		13e.STREET A	ain S	zip code treet	21	136		
5	Henry		Schaefer Schaefer			15. MOTHER'S MAIDEN NAME Bertha				Lo			ng	
1	160 WAS DECEASED EVE (YES, NO OR UNKNOWN) NO		MED FORCES? WAR OR DATES)	212-52-		Doris	L. Kagl	le (Sa	ame a		ve)			
	18 CAUSE OF DEA	WAS CAUSED								BE	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
Н	IMMEDIATE CAUSE (0) Cerebrov us cula ciga del											1446		
И	Canditions, if or	v. which	DUE TO, O	DUE TO, OR AS A CONSEQUENCE OF							1	Mens		
	gove rise to in cause (o), sta underlying cau	nmediote ting the	DUE TO, OR AS A CONSEQUENCE OF									1		
	PART 2 OTHER SIG		ONDITIONS C	ONTRIBUTING TO	O DEATH BUT	NOT RELATED	TO THE TERMI	NAL DISEASE	OR COND	ITION GIV	EN IN P	ART Ira	13	
2	19a DATE OF OPER		19b COND	ITION FOR WHIC	CH OPERATIO			200 AUTO	NOR	IN CERTIF	YING C	AUSES	GS USED OF DEATH?	
7	OR CONTRIBUTION	CAUSE OF DEA	III	OF INJURY .M. MONTH .M.	DAY YEAR	21¢ HOW IN	JURY OCCURRE	ED (ENIFRNA	TURE OF INJUR	IN ITEM 18 F	PART I OR P	ART 2)		
	(IF EITHER NOTIFY ME 216 INJURY OCCU WHILE NOT AT WORK AT V	WHILE	21e. PLACE (AT HOME, ST	OF INJURY REET, FACTORY, OFFICE	E, FARM, ETC)	ZII LOCATIO	NO		CITY OR TOV	/N	COU	NIY	STATE	
	sow the decision obave (1)	220 1 certify that (this haspital) attended the deceosed fram 19 10, to 19 1												
	276 SIGNATURE	li	A	l	e	DEGREE /	ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFI	: AN []	5	DATES	SIGNED (
	22d. PHY: CIAN'S		PRINT	ove		220 ADDRES	s, ch	estin	+ 1	1,11	e	Ke	test	
	230, BURIAL, CREMATION	N, REMOVAL	23b DATE			EMETERY OR			OR TOWN		COUNTY	y	STATE	
	Burial 24 FUNERAL DIRECTOR		5-7-8	/ G	ien Hav	en Mem	. Gardns		n Bur		A.Ar	-	el Md.	
	Eline Fu	neral	Home R	eisterst	town. M	1d .	MA	SEC'D. BY R	987	38. KEG 137	KAKI	40	MENTER	
	Little 10				- TITLE 1				- 4					

		FOR		DED 4		OF MARYLAN		IPNIP (V						
7 5 HAY 20	7- 5			CERTIFICATE OF DEATH 8 7 REG. NO. 1 3 0 1 7										
		ASED NAME FIRST		WIDDLE	L/	AST		20. DATE OF DE		H DAY	YEAR	26 HOUR		
poge 3	(TYPE O	Margar	ret	V.	Kal	inausk	as		05	15	87	3:30 M		
	3 SEX		4 RACE		5. DATE O		VF AR	& AGE (IN YEARS	LAST BIRTHDAY)	IF UN	DER I YEAR	IF UNDER 24 HRS		
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an 72 ho	LÏ	HPLACE (STATE OR FOREIGN UNITRY) THIUANIA	US			MARRIED NEVER MARRIED WIDOWED DIVORCED		Baltimore Cou				MD.		
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ould be must be	USUAL 13a. ST		ME OR OTHER INSTITUTION OUNTY	13c CITY OR TO Caton	OWN.	13d. INSIDE CIT	Y LIMITS?	39 Sh	RESS / ZIP	code look	Aven	ue 21228		
wbminer	-	HER'S NAME FIRST MON	WIDDLE	Deltu	wa.	Mary	MAIDEN NAM	ΛE	DDIE		Delt			
Poges om medicoles	16a WA	S DECEASED EVER IN U.S	S. ARMED FORCES?	166 SOCIAL SI		17. INFORMAN		a Beel	ADDRESS		as #			
physicion on papers. Premoval.		B CAUSE OF DEATH (Enter PART). DEATH WAS CA	V/A			MIS.	S CETT	a Deel	at D	ame		AATE INTERVAL		
ten signed by the attending. 1. Then please remove carbo ar to buriol, cremation, ar re y injury, or other traumatic et	F	Conditions, if ony, which gove rise to immediate couse (a), stoting the underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110-												
icate has beer ronsit permit. Hygiene prio	CERTIFICATION	DATE OF OPERATION	196 CONI	DITION FOR WH	ICH OPERATIOI	N WAS PERFOR	MED	YES N			RE FINDING G CAUSES (GS USED OF DEATH? NO []		
urial-transition and Hygi ental Hygi them 18 sh		OR CONTRIBUTING CAUSE C	OF DEATH HOUR	OF INJURY A.M. MONTH P.M.	DAY YEAR	21c HOW INJ	URY OCCURR	ED (ENTER NATURE	OF INJURY IN ITE	EM 18 PART I	OR PART 2)			
After this of e os the bur olth and Me marked or the	9	INJURY OCCURRED	LAT HOME S	E OF INJURY		211 LOCATION	N	P	IY OR TOWN	7-1	COUNTY	STATE		
CTOR: Af for use of of Healt	2	2s. I certify that (I) (this I) saw the deceased alive above, (I) (we) (did) (di-	e on	to becomed to	E A I	d that in (my) (c	our) opinion d	leoth occurred of	the date on	d hour and	-	hot (I) (we) lost ouses stoted		
DiRE Direction of them		TA SIGNATURE M	mal	1				MEDICAL DIRECTOR	STAFF PHYSICIAN [22c. DATE S	IGNED		
should be dete with the State	2	Luis Zunie	ga , MD	HAT F			Maide	n Choi	ce La	.ne	212	29		
		RIAL, CREMATION, REMO				METERY OR CR		23d. LOCATIO	OWN	cou	UNIY	SIATE		
		Burial					er Cem	Balti		Cit	2/	MD		
HMH - 16 60M 7/B4 (VRA 15, 4)		ERAL DIRECTOR LACENABB Fur	Cator	sville		1228	MAYAT		STRAR 256 RI	EGISTRAR'S	2/	JRE		

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

DHMH - 16 60M 7/84 (VRA 15, 4)

(SPECIFY)

FOR

REGISTRAR

- STATE

Burial 24 FUNERAL DIRECTOR ConnellyFuneralHome 300MaceAve.

HolyTrinityRussian Elkridge Howard Maryland

REG. NO

1987

IF UNDER I YEAR

IF UNDER 24 HRS HOURS

176 KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

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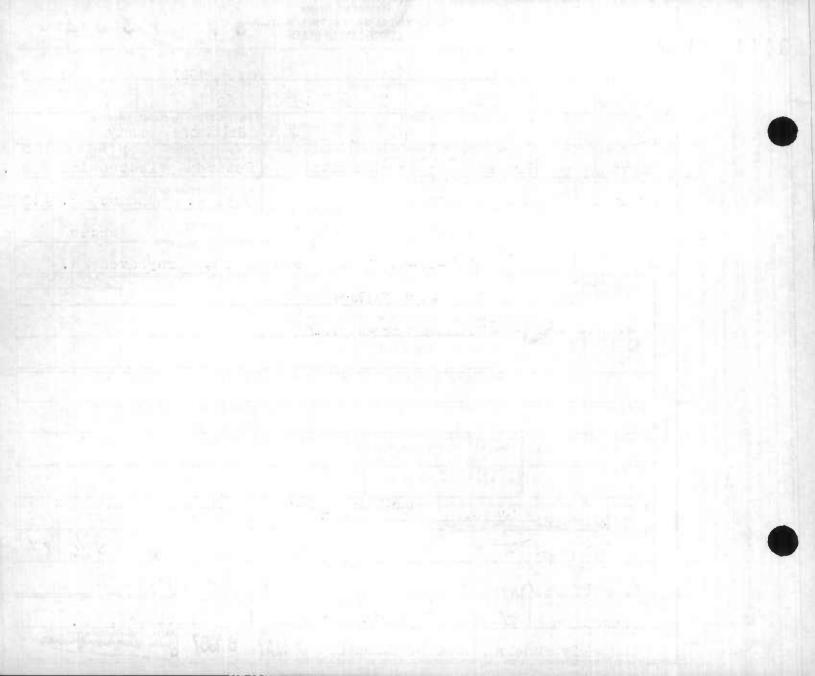
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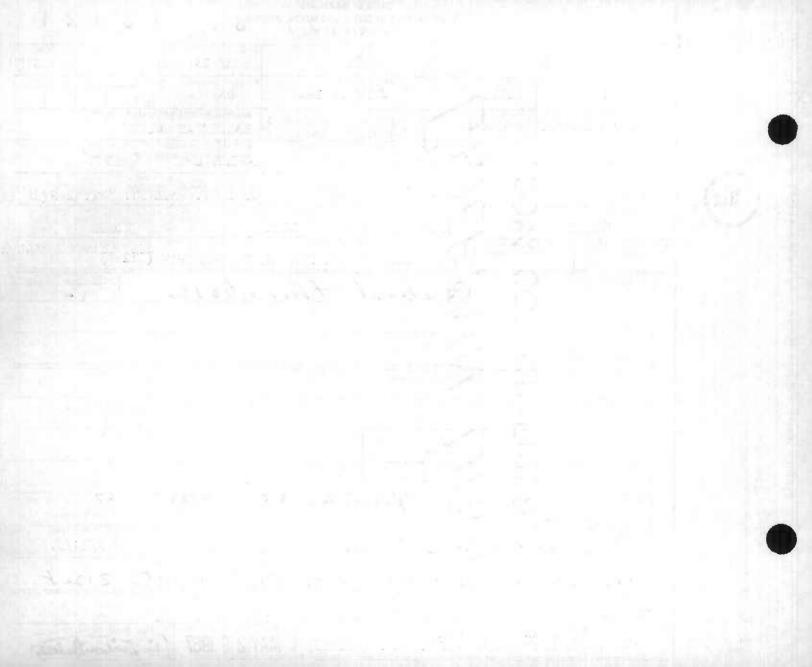
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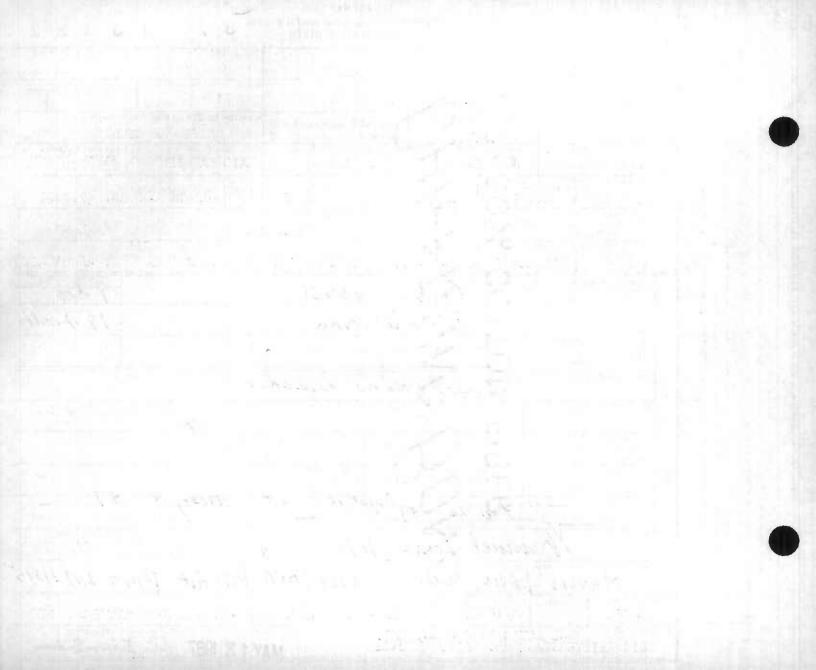
STATE OF MARYLAND



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO LAST 20 DATE OF DEATH MONTH . DECEASED NAME FIRST 2h HOUR TYPE OR PRINTS HELEN KATZ MAY 23,1987 10:25 PM 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR 3 SEX I. RACE IF UNDER 24 HRS TUNE 154, 1893AR FEMALE WHITE 93 TE CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE ISTATE OR FOREIGN MARRIED NEVER MARRIED BALTIMORE, MD. USA BALTIMORE COUNTY DIVORCED A CITY OR TOWN OF DEATH 1). NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR PIKESVILLE NURSING HOME PIKESVILLE USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13. STREET ADDRESS / ZIP CODE 3501 ST. PAUL ST. APT. 209 (21218 MARYLAND BALTIMORE 15. MOTHER'S MAIDEN NAME FATHER'S NAME FIRST COHEN MIDDLE MIDDLE BENJAMIN KATZ ADDRESS 166 SOCIAL SECURITY NO. 17 INFORMANT 60 WAS DECEASED EVER IN U.S. ARMED FORCES LYES, NO OR UNKNOWN NO 3530 MILFORD MILL R MRS. JEANNETTE BERNSTEIN 217-18-1801 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), another. PART I. DEATH WAS CAUSED BY-IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOLL NO [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 210. ACCIDENT WAS UNDERLYING 21h TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 211 LOCATION 21d INJURY OCCURRED 21e. PLACE OF INJURY CITY OR TOWN COUNTY STATE STREET (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased fram saw the deceased alive or and that in (my) (aur) opinion death occurred on the date and have and from the causes stated DEGREE 22c. DATE SIGNED 77h 55 MAT ATTENDING MEDICAL 5/24/87 PHYSICIAN DIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME (TYPE OR PRINT ZZE ADDRESS 23a. BURIAL, CREMATION, REMOVAL 23¢ NAME OF CEMETERY OR CREMATORY 23b DATE COUNTY BURIAL 5/25/87 HEBREW FRIENDSHIP CEM BALTO. 24 FUNERAL DIRECTOR 6010 REISTERSTOWN RD, BALTO., MD. (21215) DHMH - 16 60M 7/84 (VRA 15, 4)



5-0 8 MAY 1	F 18	FOR STATE REGISTRAR		DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 / 1 3 0 2											
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rs after o	3. SE	MXKK MAL		RACE CAU	CASIAN	S. DATE C	IL 27,		6. AGE (IN YEARS LAS	T BIRTHDAY) YRS	# UNDER 1	YEAR IF UN	NDER 24 HRS		
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by the fu	10 €	TY OR TOWN OF DEATH		11. NAME OF	HOSPITAL, NUF	OOD RD.	COTHER INST		MAT L'CAR			RVICE	STALOR		
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Appleted 2 s s s s s s s s s s s s s s s s s s	14. F/	THER'S NAME OSCAR	٨	AIDD&E	KATZEN	Maria.	15 MOTHER'S	REBECO	MIDDI		KA	ARL'OFI	F		
Poge	160 \	VAS DECEASED EVER IN YES NO OR UNKNOWN) YES		MED FORCES? WAR OR DATES! ARMY	216-01		17 INFORMA EDITH		9034 ALL		1133 D RD.	RAND	ALLSTOW		
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certificate I certificate I certificate I criol-transit tental Hygie Item 18 sho		210. ACCIDENT WAS UNDER OR CONTRIBUTING CAL (IF EITHER NOTIFY MEDICAL	JSE OF DEAT	**	M. MONTH	DAY YEAR	21c. HOW IN	JURY OCCURRE	D (ENTER NATURE OF	NJURY IN ITEM 18	PART I OR PAR	T 2)			
After this e e as the bur olth and Me marked or I	MEDICAL	21d. INJURY OCCURRE		21e PLACE (OF INJURY EET, FACTORY, OFFI	ICE, FARM, ETC.)	21f LOCATIO	N	CITYC	RIOWN	COUNT	Y	STATE		
Spitol or CTOR: Ai for use of Healt		22a I certify that (I) (the saw the deceased above, (I) (we) take	alive on_	TW	20	91/		. 19 6 5 (our) opinion d	oth accurred on the	date and ho	, 19 <u>8</u> iur and from	,	It (we) lost s stated		
y the hosp RAL DIRECT detoched for inte Dept. o		22b. SIGNATURE	Th	anue	l Ter	n 1	100	TTENDING PHYSICIAN	MEDICAL S	TAFF SICIAN [22¢ D	5/9/			
retained by the TO FUNERAL should be detroited with the State IMPORTANT:		22d PHYSICIAN'S NAN	E (TYPE OR	FUIN	, M. O		6101	PARK	HETS AL	E 131	4+70	MO.	2/2/5		
BP	3	urial, cremation, re BURIAL		23b. DATE 5/10/	87		L MEMOR		RK RANDAL	LSTOWN	BALTI	IMORE	MD		
OHMH - 16 60M 7/84 (VRA 15, 4)	24 F	INERAL DIRECTOR S	OL L RSTW	EVINSON ON RD.	& BROS BALTO, M	D'21215		250. DATE	REC'D. BY REGIST		Jander		lace,		



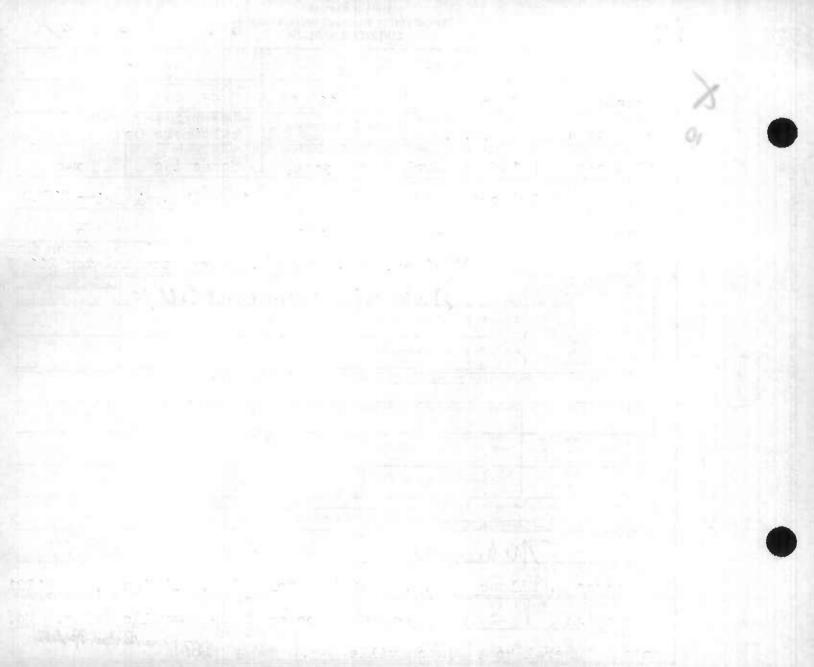
DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE CERTIFICATE OF DEATH -REGISTRAR REG. NO 2n. DATE OF DEATH DECEASED NAME MONTH 26. HOUR CTYPE OR PRINTS CHRISTOPHER KEEFER 87 7:00 PUN 5. DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYEAR 4 RACE 1 SEX AONTHS DAYS MONTH DAY YEAR MALE WHITE 15 16 BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE ISTATE OF FOREIGN MARRIED X NEVER MARRIED COUNTRY Baltimore County MARYT AND WIDOWED . DIVORCED 126 KIND OF BUSINESS OR NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 10 CITY OR TOWN OF DEATH INDUSTRY Mitchels (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) 213 Maiden Choice Lane Catonsville Meat Cutter Mead Dept MEUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13e STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? Baltimore Catonsville NO S 213 Maiden Choice Lane 21228 Maryland YES [15 MOTHER'S MAIDEN NAME EATHER'S NAME FIRST MIDDLE Christopher Nichling Keefer Elizabeth ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT 21228 (IF YES GIVE WAR OR DATES) 215-07-9508 213 Maiden Choice Lane YES Ww II Martha C. Keefer 18 CAUSE OF DEATH (Enter only one couse put line for (a), (b), and (c) IMMEDIATE CAUSE ID 19 DUF TO OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 70n AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF 216. TIME OF INJURY 71g. ACCIDENT WAS UNDERLYING 21t. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH HE FITHER NOTHY MEDICAL EXAMINER PM 71d. INJURY OCCURRED 211 LOCATION 21s PLACE OF INJURY CITY OF TOWN COUNTY STATE AT HOME, STREET FACTORY, OFFICE FARM ETC 1 I certify that and that in Imy (our) opinion death occurred on the date and hour and from the couses stated DEGREE ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN MPORTANT. 726 PHYSICIAN'S NAME (1996 OF PERSO) 22e ADDRESS Diana H. Griffiths St. Agnes Hosp. Oncology Dept. 23d LOCATION 230 BURIAL CREMATION, REMOVAL 236 DATE 23c NAME OF CEMETERY OR CREMATORY (SPECIFY) CITY OR TOWN COUNTY STATE Meadowridge Mem. Pk. Elkridge Howard Burial 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

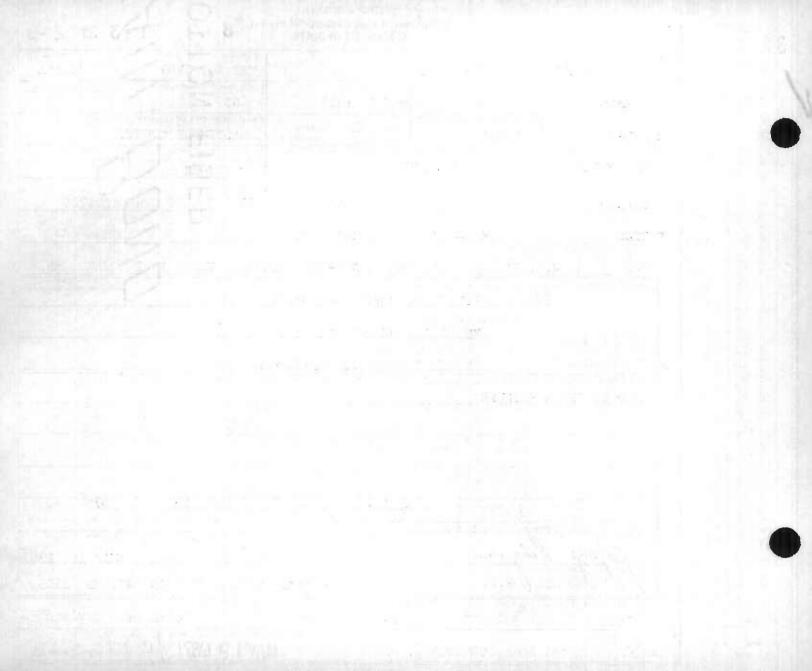
(VRA 15, 4)

STATE OF MARYLAND

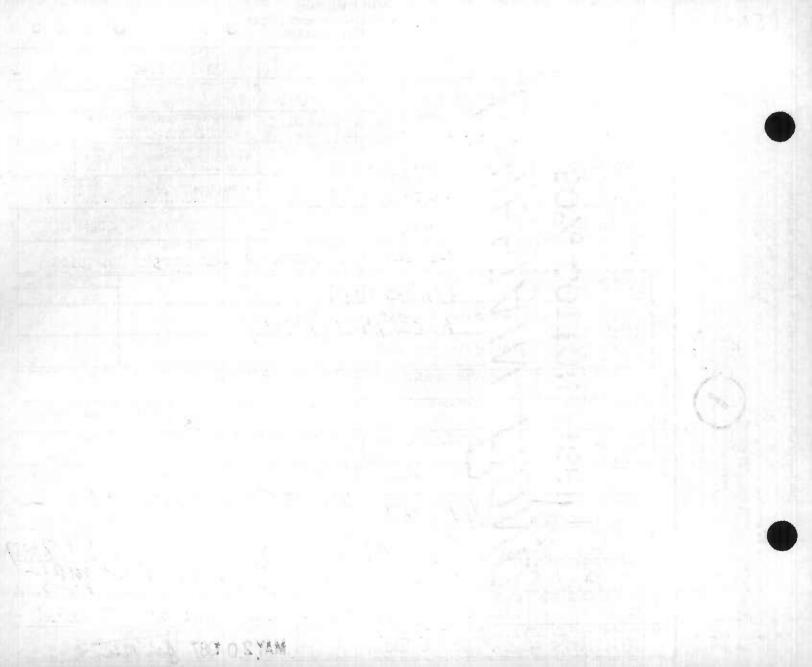


STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 20. DATE OF DEATH 2b. HOUR LIYPE OR PRINTS Gladys 87 Mattie Keener 6 AGE (IN YEARS LAST BIRTHDAY) 3 SEX 5. DATE OF BIRTH IF UNDER I YEAR IF UNDER 24 HRS ZO Caucasian Female TO BIRTHPLACE ISTATE OF FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED X NEVER MARRIED U.S.A. Baltimore County South Carolina WIDOWED DIVORCED T 11. NAME OF HOSPITAL NURSING HOME OF OTHER INSTITUTION 17b. KIND OF BUSINESS OR Home facility, give street address Baltimore Housewife 13. STREET ADDRESS / ZIP CODE Drive 21220 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? Maryland Baltimor NO X 15 MOTHER'S MAIDEN NAME 4 FATHER'S NAME MIDDLE Unkown Samuel Campbell Brown 1845 Benson Road 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT 244-14-990 AMr. James E. Paige Westminister 21157 18 CAUSE OF DEATH (Enter only one cause per line for (a) PART I, DEATH WAS CAUSED BY Transitional Cellea DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (0), stating the DUE TO OR AS A CONSEQUENCE OF underlying couse last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 200 AUTOPSY? 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO 210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING T CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 211 LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) 220.1 certify that (1) (this hospital) attended the deceased from. saw the deceased alive an. and that in (my) (aur) apinian death accurred an the date and haur and fram the causes stated abave, (1) (we) (did) (did not view the bady after death 226 SIGNATURE DEGREE 22c DATE SIGNED ATTENDING PHYSICIAN DIRECTOR PHYSICIAN 77e ADDRESS 224 PHYSICIAN'S NAME LIVE OF PRINT Sheldon D. Milner 406 Eastern Blvd. Baltimore, Md 21221 M.D. 230. BURIAL, CREMATION, REMOVAL 236 DATE Cremation Catonsville Balto. Security Process 24 FUNERAL DIRECTOR DHMH - 16 60M 7/84 MacNabb Funeral Home (VRA 15, 4) Catonsville Md.



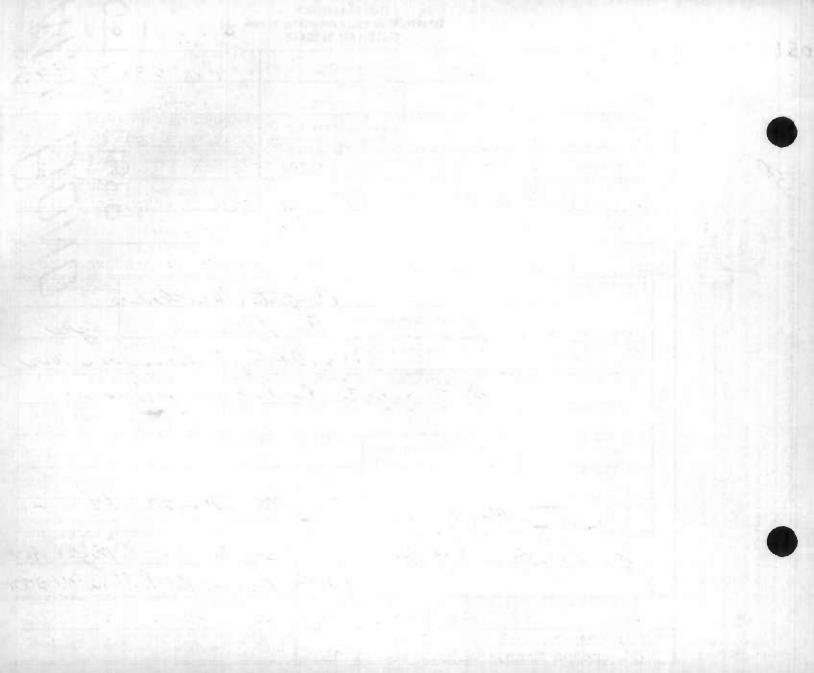


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		CEASED NAME FIRST	MIDDLE		LAST	20 DATE OF DEATH		YEAR 26 HOUR			
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the cremater trees		gave rise to immediate couse (a), stating the	DUE TO, OR AS A CONS	EQUENCE OF		/	- No. 1				
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BP		BURIAL, CRÉMATION, REMOVAL	5/18/87	AIT	CEMETERY OR CREMATORY Z CHAIM CEMETI	23d LOCATION CITY OF TOWN BALT IM	ORE	MARYLAND			
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(VRA 15, 4)	10	6010 REISTERSTO	OWN RD. BALTO,	ID 2121	5 M	Y201987	Julia Deorde	P. Page			



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mo)	3. SE	x	4. RACE			F 8 IRTH 9-15		AGE (IN YEARS LAST BIR	THDAY) IF U	NDER I YEAR	IF UNDER 24 HRS
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the the	10. C	ITY OR TOWN OF DEATH		HOSPITAL, NURSIN		R OTHER INSTITUTION		TO USUAL OCCUPATE		2b. KIND O NDUSTRY	F BUSINESS OR
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11 W. P that the			ast.	N A3 A CONSE 40	LINCE OF		Type	onatrie	M.		
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN. The low requires that the death certificate be executed within 24 hours after this certificate has been signed by the attending physician and compared within 24 hours as the buriol-transit permit. Then please remove carbon papers. Page forth, though the prior to buriol, cremotian, or removal. In and Mental Hygiene prior to buriol, cremotian, or removal. Orked or from 18 shows any injury, or other troumotic event. The media institution is taken as the prior to burion.	7	PART 2 OTHER SIGNIFIC	CANT CONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO TH	HE TERMINA	AL DISEASE OR CONI	DITION GIVEN I	N PART 110	2,
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(VRA 15, 4)	LH	ubbard Funer	al Home, I	nc. 4107	Wilke	ns Ave.	MIM	1 1 0 1001	.U.		-

						STATE OF MARYLAND				
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Pal i	M	Carlo Control					YES NOT		ING CAUSES	S OF DEATH?
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(VRA 15, 4)				ne. Balto.		3. 21213 WA	1 2 8 1981	Julia d	Deerger.	Rondall



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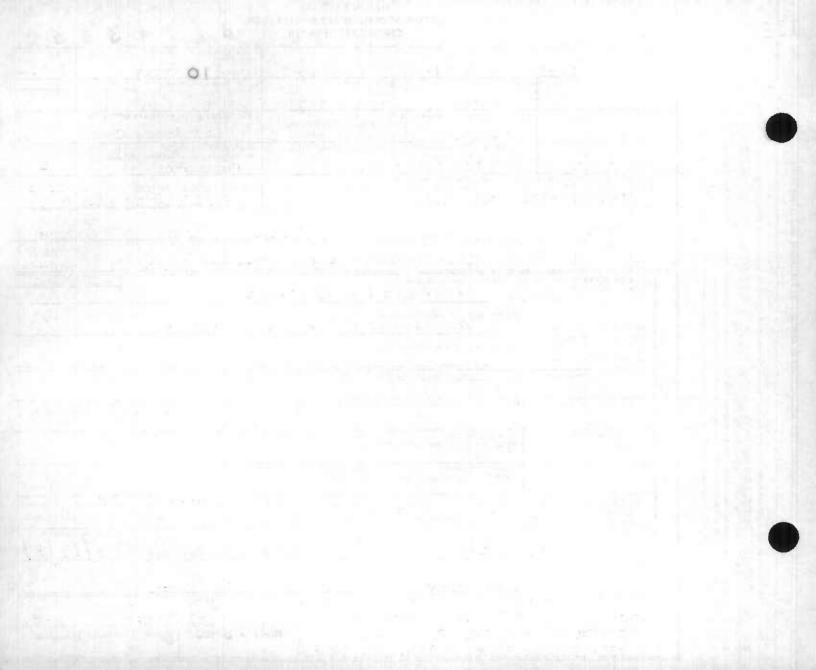
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	3. SE			4 RACE	VEITTE	5. DATE C	F BIRTH		YEARS LAST BIRTHOAY		NDER I YEAR	IF UNDER 24 HRS
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Come		Md.	Balt	timore	Baltin	more	YES NOX	209	Middle	eway	Rd.	21220
A A	14. FA	THER'S NAME		MIDDLE	LAST		15 MOTHER'S MAIDEN N	NAME	MIDDLE		LAS	TELEGO
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DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL HOME, INC. 3331 Brehms Lane, Balto. Md. 21213



Leonard J. Ruck, Inc., 5305 Harford Rd.

(VRA 15, 4)

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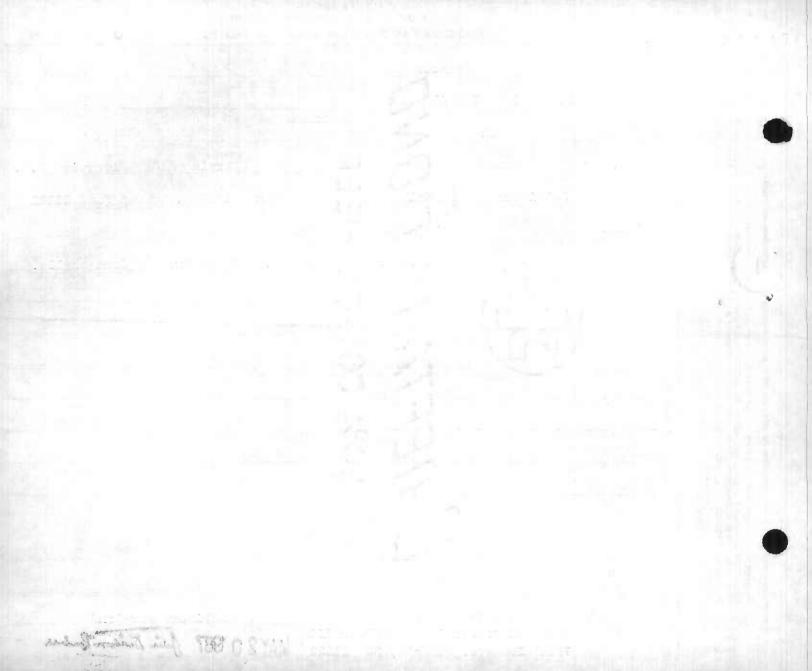
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	10. C	ITY OR TOWN OF D	EATH		HOSPITAL, NUR		R OTHER INSTITUTION	12a. USUAL OCCUPAT		126. KIND C	OF BUSINESS OR
1 5 /10		Towson	DAL	Stella	Maris	Hospi	ce	Homema			n Home
Page 19	USU 13a.	AL RESIDENCE (IFN	136 COUR	OTHER INSTITUTION	130 CITY OR TO	FORE ADMISSION)	13d INSIDE CITY LIMITS?	130 STREET ADDRESS	/ ZIP CODE		2120
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bee mit.	CERTIFICATION	190 DATE OF OPE	RATION	19b CONE	OITION FOR WH		N WAS PERFORMED	20a AUTOPSY?	206. IF YES, V		INGS USED S OF DEATH?
and be be	E							YES NO	YES		NO [
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TOR for of Ho	100	saw the dece	osed olive or		81		nd that in (my) (our) opinion	death accurred on the c	date and hour a	ind from the	e causes stated
REC ped ppt.		226. SIGNATURE	(alg) (ala no	1 View the book	y after death.		DEGREE				ESIGNED
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O HOSPITAL etained by t TO FUNERAL should be det with the State		Car	la S. I	Alexande	er, M.D.		2300 Dulaney	Valley Rd.	- Tows	on, M	D 21204
should with	230	BURIAL, CREMATIC					EMETERY OR CREMATORY	23d. LOCATION			
BP	F	Burial	,	5/14/			athedral	Balto.,		ME	STATE
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STATE OF MARYLAND

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E STA	250			11404	ILDIAIL C			S A CON	SEQUENCE	OF		113/6							17.7	
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₩5w	THE A		EXAMINER'S N	IAME T)	Den	nis F	. S	myth	, M.D.		ADDRESS	111	Peni	a St.						
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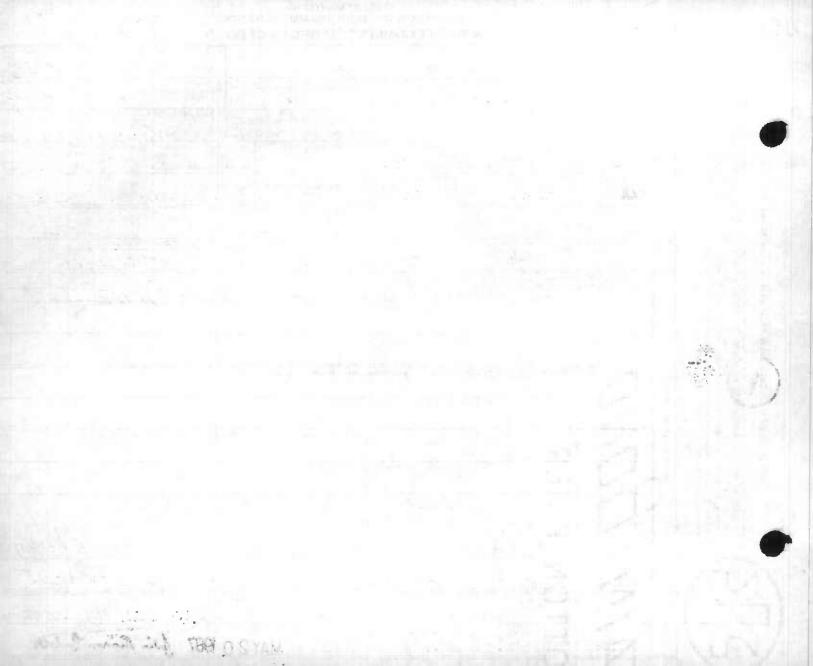
STATE OF MARYLAND 053546 114 DEPARTMENT OF HEALTH AND MENTAL HYGIENES - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20. DATE OF DEATH MONTH 1. DECEASED NAME TYPE OR PRINTI 87 MAY KOBLARCHICK 10 ANNA 1.5EX 4 RACE 5 DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 Female Caucasian HTMOM 5DAY 09R Baltimore County of DEATH
Baltimore County TO BIRTHPLACE I STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Ellsworth, Penn WIDOWED DIVORCED T BOWHOUKX MRKYDERNE NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12b KIND OF BUSINESS OR TTYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Dulaney Valley Stella Maris Hospice Public Health Nurse USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13e STREET ADDRESS / ZIP CODE 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 1826 E. Monument Street 21205 Baltimore Maryland 15. MOTHER'S MAIDEN NAME MAFATHER'S NAME Andrew Koblarchick Lucy Morozcha 17 INFORMANT (MELCE) ADDRESS An WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 280-30-0898 Peggy Koblarchick Cannonsburg. PA Nurse APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Metastatic Breast Cancer DUE TO OR AS A CONSEQUENCE OF (b) ASCVD Conditions, if ony, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 206 IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20n AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOX YES [NO IT 21a ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART ? HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING T CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 19 21d. INJURY OCCURRED 21e PLACE OF INJURY 21f. LOCATION COUNTY CITY OR TOWN STATE AT HOME STREET, FACTORY, OFFICE, FARM, ETC) NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from APPLL 25 saw the deceased alive an May 8. 1987 and that in (my) (our) apinian deoth accurred on the date and hour and from the causes stated obove, (1) (we) (did) (did not) view the body ofter death. 22h. SIGNATURE DEGREE 22c. DATE SIGNED MEDICAL ATTENDING PHYSICIAN DIRECTOR PHYSICIAN 774 PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS 2300 DULANEY VALLEY ROAD DR. CARLA A. ALEXANDER M.D. 23c NAME OF CEMETERY OR CREMATORY 23a BURIAL, CREMATION, REMOVAL 23b. DATE 23d LOCATION Bentleyville, Wash. May13.1987 St. Luke's Burial ROBERTOR. ALTENBURG FUNERAL HOME, INC. BEOF THE TENTE SEE SEE SEE SEE SEE DHMH - 16 60M 7/84 6009 Harford Rd., Balto., Md. (VRA 15, 4)

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od book	3. SE		4 RACE 1	5. DATE	OF BIRTH	6. AGE JIN YEARS LAST BIRT		NDER 1 YEAR IF UNDER 24 HRS			
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Z TILL			ultimore (arney	YES NOXOK		nd Ave.	21234			
NG PHYSICIAN: The law requires that the death certifical be recoved. Then a hours oftending physician. The law requires that the death certifical be recoved. The law requires that the death certifical be recoved. The law requires that the otherwise physician and should consider the certificate has been signed by the attending physician and certificate has been signed by the otherwise corbon papers. The place remove corbon papers is the burial crossit permit. Then please remove corbon papers is the prior to burial, cremation, or removed or term 18 stors on injury, or other troumatic events the medical removed or term 18 stors on injury, or other troumatic events the medical removed.	¥ F/	THER'S NAME FIRST	MIDDLE	ehn ?	15. MOTHER'S MAIDEN N	AME		IAST			
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OR A DIRECTOR A DIRECTOR A DEPT.		226 SIGNAPORE	c Pl 1	1-1	DEGREE			22c. DATE SIGNED			
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(VRA 15, 4)	U	rarles D. Zeile	2 & Son Inc.	901500	ablin St. AF	R 20 1987	Julia Deri	of V. Variation			

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 054209 MA - STATE MEDICAL EXAMINER'S CERTIFICATE OF BEATH REGISTRAR I. DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) ESTI-GERALD JOSEPH KOREN DEATH MATED 4 RACE 6. AGE (IN YEARS IF UNDER 1 YR. SEX 5. DATE OF BIRTH IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED MALE FEB.14,1927 60 YRS WHITE DEAD 76. CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED NEW YORK USA DIVORCED XX WIDOWED [ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE) 3727 McDONOGH RD. RANDALLSTOWN INTERIOR DEC. JOSH LEVIN CO. 13e STREET ADDRESS 13d. INSIDE CITY HAITS? 13c. CITY OR TOWN MARYLAND BALTO. 3727 McDONOGH RD. RANDALLSTOWN YESX #21133 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME LAST SOLOMON KOREN **JENNIE** UNKNOWN 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT MRS. JENNIE EISENSTEIN YES NO OR UNKNOWN) WWII-NAVY 214-22-8246 9936 SHOSHONE WAY RANDALLSTOWN, MD 21133 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH III CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART I DEATH WAS CAUSED BY. DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (6) 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [] NO T 710. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH TIE PLACE OF INJURY (AT HOME 21d. INJURY OCCURRED 21f LOCATION AT WORK AT WORLE STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY 22a I certify that I took charge of the remains described above, held an Autopsy and in my opinion death resulted fram Hamicide Undetermined manner Natural couses ACTUAL SIGNATURE EXAMINER'S NAME TYPE OR PRINT 0 23d LOCATION 230. BURIAL, CREMATION, REMOVAL 23b. DATE BURIAL MAY 18,1987 GARRISON FOREST VETERANS OWINGS MILLS, BALTO.CO MD 24 FUNERAL DIRECTOR SOL LEVINSON & BROS., INC. **DHMH - 17** 6010 REISTERSTOWN RD. BALTO., MD 21215 (VR A15 ME (5)) 20M 4/82



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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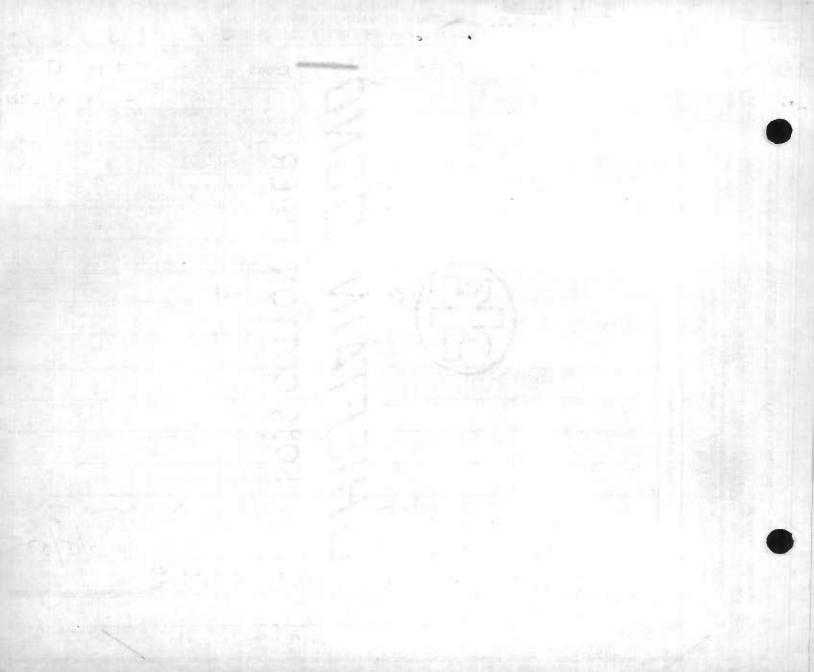
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Charles S. Zeiler & Son Inc. 6224 Eastern Ave.

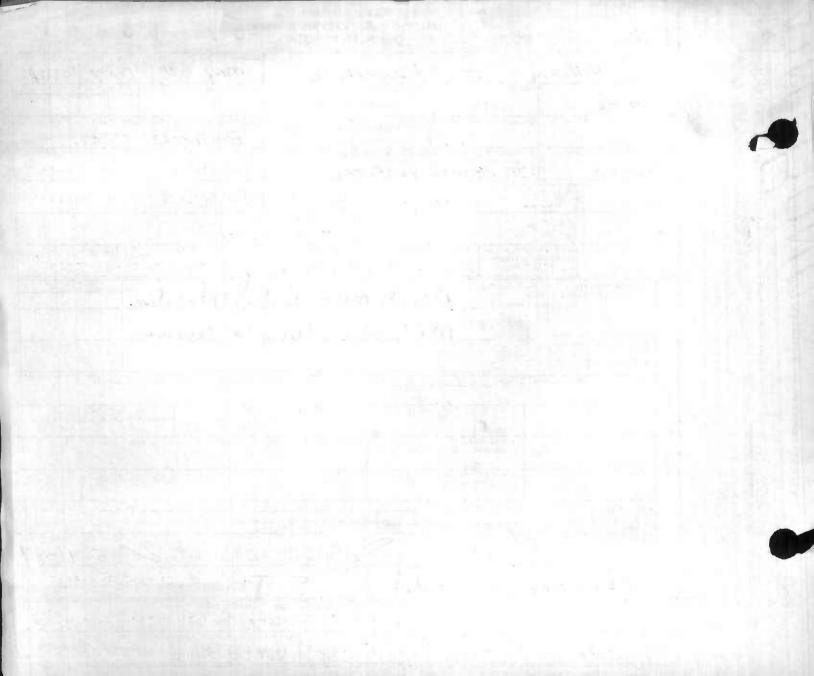
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TO MEDICAL EXAMINER: TEXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW. TO FUNERAL DIRECTOR: PAFTER DEATH WITH THE ST. BACTIMODE, MARYLAND; 2	deotl ACTU EXAM (TYPE	I certify that I took or resulted fram:	chorge of the remoin adural causes	s described obove. In the control of	Suicide	Homicide TITLE (SPECIFY)	Undetermined manner MEDICAL EXAMINER	2	1/5/07
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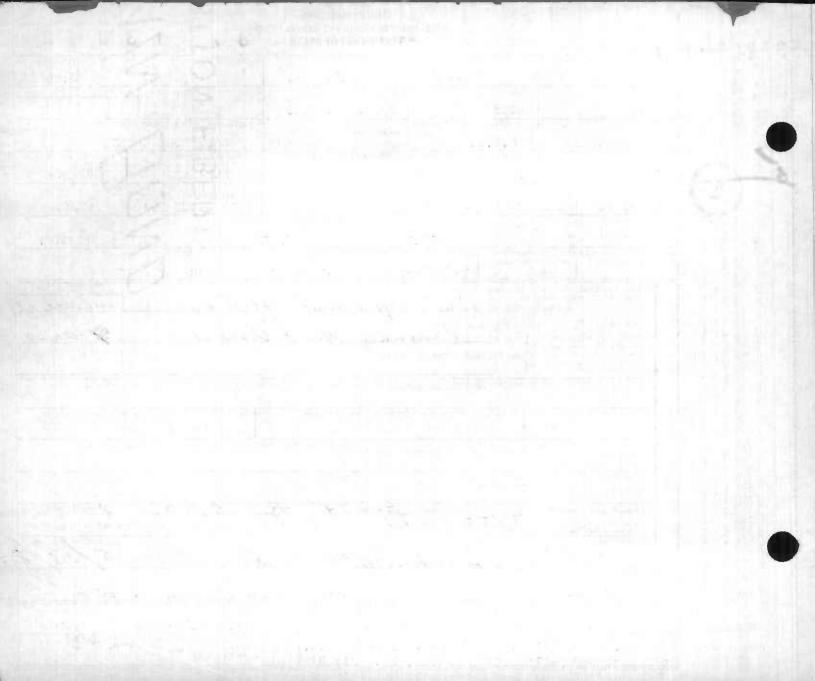


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1630 EDMONDSON AVENUE, CATONSVILLE, MD. 21228 M

(VRA 15, 4)



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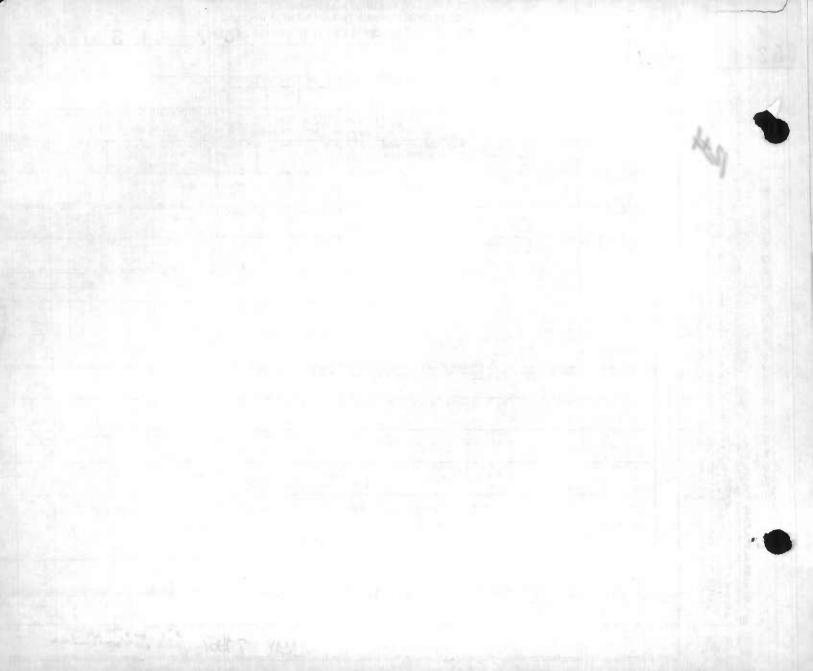
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE KNOWN X I DECEASED NAME MONTH - (TYPE OR PRINT) OF ESTI-REFAL DIRECTOR.
OUR FILES.
WITHIN 72 HOURS 5-5-87 19 LAWSON, OCLE 4 RACE 5. DATE OF BIRTH AGE (IN YEARS IF UNDER 24 HRS 2d HOUR DATE MONTH LAST BIRTHDAY PRONOUNCED 5:40a 1922 DEAD 5-5-87 male black 54 9. BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE (STATE OF 76 CITIZEN OF WHAT COUNTRY? MARRIED X NEVER MARRIED FOREIGN COUNTRY) DIVORCED Va WIDOWED Baltimore County CITY OR TOWN OF DEATH Tabrication Shop Bethiefem Steel 126 KIND OF BUSINESS Beth Tehern Sparrows Pt. Region Arm Worker Plant 13e STREET ADDRESS MD. 21201 130 STATE COUNTY 13d. INSIDE CITY LIMITS? Baltimore 4508 Norfolk Avenue 21216 YES X NO [14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST Lawson, Sr Elois Oale Jones 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT **ADDRESS** 230-14-5593 Bercenia B. Lawson 4508 Norfolk Avenue 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a), DUE TO, OR AS A CONSEQUENCE OF Canditians, if ony, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF SED AS A BURIAL-HEALTH AND MEI AL. CREMATION, C lying cause lost. PART 2 DINER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 o CERTIFICATION TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD EXECUTE THE CERTIFICATE, WRITING THE WORD "PER PAGE 4 SHOULD BE FORWARDED TO THE CHIEF M TO FUNRAL DIRECTOR: PAGE 3 SHOULD BE USED A AFTER DEATH, WITH THE STATE DEPARTMENT OF HEA BATTI MORE, MARYLAND, 21201 PRIOR TO BURIAL, C 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO [21a EXTERNAL CAUSE WAS HOUR AM. MONTH DAY 5:40AM 5-5-8 2300hrs. HOMOURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18 PART) OR PART 2) approx. UNDERLYING SOR found hanging from a beam/50ft. CONTRIBUTING CAUSE OF DEATH AT WORK NOT WHILE steel plant Bethlehem Steel Plant Sparrows, Maryland STATE Autopsy X 22a. I certify that I took charge of the remains described above, held an and in my opinion X TITLE (SPECIFY) ACTUAL DATE 5-5-87 Assistant SIGNATURE EXAMINER'S NAME 111 Penn Street Margarita A. Korell, M.D. (TYPE OR PRINT) 23a, BURIAL, CREMATION, REMOVAL 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION COUNTY Owings Ma Buria1 5/9/87 Garrison Forest Vet Mills 07/84 25M 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR S-GIGNATURE 24. FUNERAL DIRECTOR **DHMH - 17** (VR A15 ME (5))



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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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REGISTRAR		CENTILI	CAIL OI DEATH	REG. NO		
1. DECEASED NAME FIRST (TYPE OR PRINT)	obert K. Leap	LA	ST	20 DATE OF DEATH	1987 DAY YEAR	2b. HOUR
3. SEX . Male	White		. 21° 1924	6 AGE LIN YEARS LAST BIRTH	YRS.	
76 BIRTHPLACE (STATE OR FOREIGN	76 CITUENOF WHAT COUN	MARRIE WIDOWED	NEVER MARRIED DO DIVORCED	Baltimore City or	county of DEATH	MD
Essex 21221	11. NAME OF HOSPITAL, N	R OTHER INSTITUTION	Poremen Most of	WORKING LIFE) 126 KIND	of Business or	
13a STATE 13b C	AE OR OTHER INSTITUTION GIVE RESIDENCE OUNTY 13. CITY OF LSSE		13d. INSIDE CITY LIMITS? YES NO	"258FTM2PRESCO	skeoma. 2	21221
	MIDDLE LAS	ST	15 MOTHER'S MAIDEN NA.	enia MODIE Ke	earns	LAST
(YES, NO OR UNKNOWN) (IF YE	CHIE WAR OR DARKE	2 4637	Ellen Leap,	Wife ADDRES	Same	
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230 BURIAL, CREMATION, REMO	5122/87	Gardens	METERY OF CREMATORY Of Faith	Baltimore	Co., Mdw	STATE

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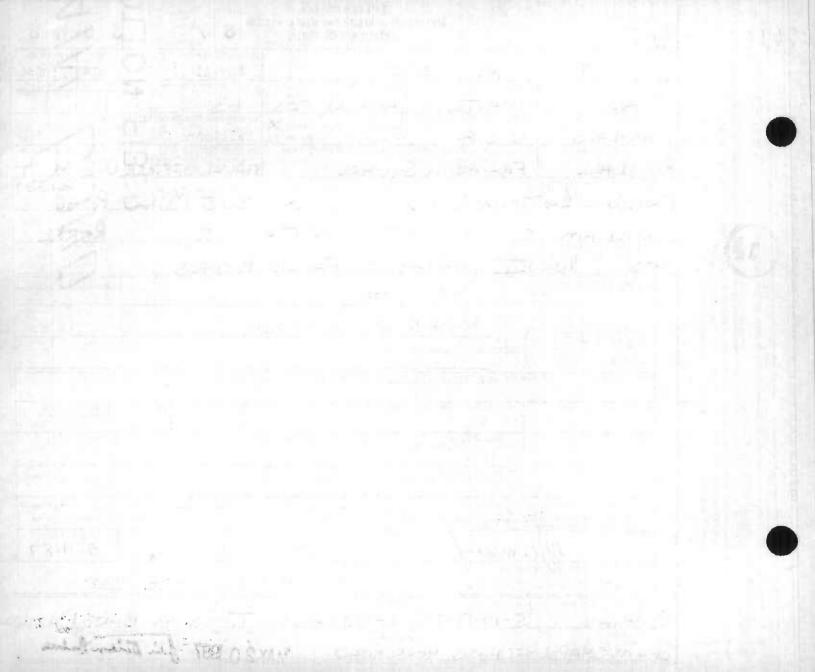
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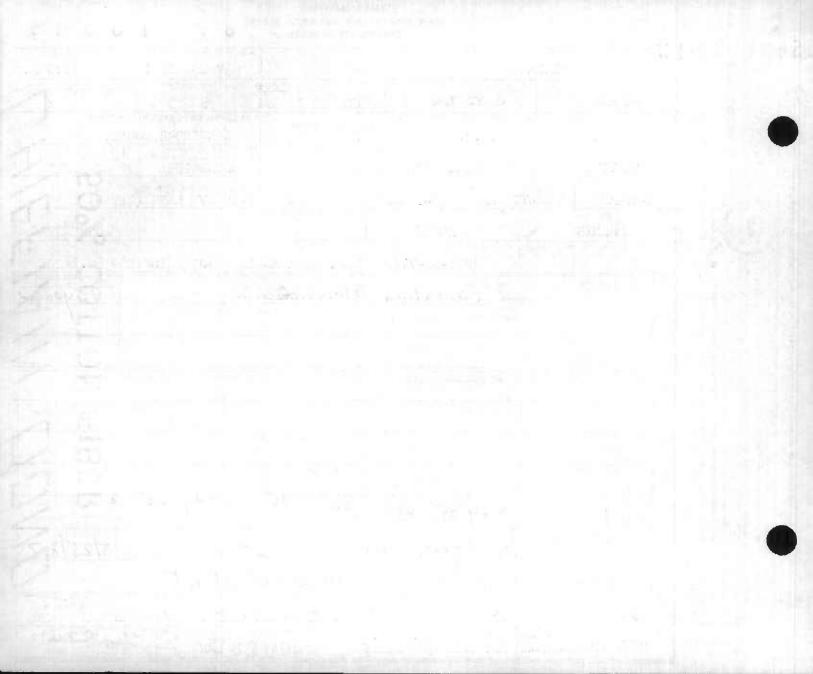
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fer p	3. SE	X	4 RACE	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE IN YEARS LAST BIR	MONTHS DAYS HOURS MIN.
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R ATTENI haspital RECTOR: red for us spt. of He		abave (1) (we) (did) (did)	y view the bady after death.	, and that in (hy) (our) opinian	death occurred on the do	ate and have and from the causes stated
OR he had been been been been been been been bee		226 SIGNATURE	Va. aud	DEGREE ATTENDING	MEDICAL STAF	22c DATE SIGNED
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TO HOSPITA retained by TO FUNERA should be de with the Stot		Bashar Samı	man	9000 Frankli	in Square Dr	rive., 21237
N 5 5 5 2 3 € 1	23a	BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY	23d LOCATION	_ COUNTY STATE
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DHMH - 16 60M 7/84	24 F	UNERAL DIRECTOR	ADDRES	2325 25a DAT	TE REC'D. BY REGISTRAR	256 RECISTRAR'S SIGNATURE
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	deo		MARYLAND		U.S.A. WIDOWED TO DIVORCED			BALTIMORE COUNTY					
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120	be f	13a	AL RESIDENCE (IF NURSING HOME STATE 136 CC MARY LAND B	OR OTHER INSTITUTION	GIVE RESIDENCE BEFOR	RE ADMISSION)	134. INSIDE CITY LIMITS?	13e STREET ADDRESS 7910 IVY I	/ ZIP COD	E			
WIA /	1 132	_	ATHER'S NAME	MIDDLE			15 MOTHER'S MAIDEN NAM	ME					
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LTIM	rs. Pe		NO		213-52-		MRS. MYRA ASI	KIN 3301	MIDFI				
T., BA	physica on poper emaval.		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU IMMED	only one couse per ISED BY: IATE CAUSE (o)	ne lor (a), (b), o	ejed	anews claw	٠		BET		MATE INTERVAL NSET AND DEATH	
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RECO	low is been so been been been been been been been bee	CERTIFICATION	198. DATE OF OPERATION	196 COND	ITION FOR WHICH	206 AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?							
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J Y	SICIAN: 1g physicertificat rial-fron entol Hy frem 18 s		OR CONTRIBUTING CAUSE OF	DEATH HOUR A.	M. MONTH		THE HOW INJUNIOUS OCCURR	(ENIER NATURE OF IN)	JRY IN HEM IB	PARTIORPA	K1 2)		
NO O	A Maria	MEDICAL	21d. INJURY OCCURRED	21e. PLACE	OF INJURY	19	211 LOCATION	CITY OR TO		COUN	174	STATE	
IVISI	otten ter th s the h and rked o	2	WHILE NOT WHILE AT WORK	(AT HOME, ST	REET FACTORY OFFICE.	FARM, ETC)	STREET	CITY OR TO	JWN	COUN		SIATE	
0	NDIN SE AF SE AF S S S S S S S S S S S S S S S S S S S		22a.1 certify that (1) (this ha			2	0 1975	_ to 19 Ag	25	19 6		hat (I) (we) last	
	R ATTE hospite RECTO ned for spt. of b		sow 11 deceased alive above (1) (we) (did) (did	UII	- Y		nd that in (my) (aur) apinion o	death occurred on the d	ote and had				
U	A Popularion		Dielde	n love	lgeis	h	DEGREE ATTENDING PHYSICIAN	DIRECTOR PHYSI	FF CIAN [5	PATES 25	187	
	TO HOSPITAI retained by 1 TO FUNERAI should be de with the Stat		Sheldow	Goldge	ier		22e ADDRESS	5 Street	+				
	5 g 5 g g		BURIAL, CREMATION, REMOV			NAME OF C	EMETERY OR CREMATORY	23d LOCATION			RΔ	LTO	
	BP		BURIAL	5/26/8	87 BI	ETH EL	MEMORIAL PARI	K FXXXXXXXXX	RANDA	LLSTO	WN	MD State	
	DHMH - 16 60M 7/B4 (VRA 15, 4)	24 F	UNERAL DIRECTOR SOL 6010 REISTERS	LEVINSON TOWN RD.	FALTO, MD	,INC. 2121	5 Z50 DATE	2 8 1987	256 REGIS	JRAR'S SIG	MATU	ريسا	



	. OR ATTENDING PHYSICIAN. The low requires that the death certificate be executed within 24 haurs after death. Page 4 may be the hospital or attending physician.	L DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director. page stacked for use as the burial-transit permit. Then please remove carbanpapers. Pages Apard 2 should be filed with 1772 hours ofter dea
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	thot	e by
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	L OR ATTENDING PHYSICIAN The It the hospital or attending physician.	tache

52994 MAY	116	FOR STATE REGISTRAR				ARTMENT		ARYLAND AND MENTA OF DEATH		8		, NO	1 3	3 0	50	
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nay be page 3	3. SE			Ce Mar	ie		ATE OF BIRTH		6		N YEARS LAST			NDER 1 YEAR	11:55p.	4
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physicic physic physic		18 CAUSE OF DEAT	H (Enter only											BETWEEN	MATE INTERVAL ONSET AND DEATH	
a phy on po ewen		PART I. DEATH W		E CAUSE (o)	Respir	atory	Arres									
th ce nding corb , or r	1			DUE TO, C	OR AS A CONS	SEQUENCE	OF									
e death ce toffendin nove carb ation, or traumatic			Conditions, if ony, which gove rise to immediate (b) Disseminated Aspergillus													
by the ose rem		couse (a), statin	stating the DUE TO, OR AS A CONSEQUENCE OF													
that d by lease ial, c		underlying cause	ART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110											_		
quires signe Then p to bur njury.	z	PART 2 OTHER SIGN	VIFICANT CO	ONDITIONS C	ONTRIBUTING	G TO DEATH	BUT NOT RE	LATED TO THE	E TERMINA	AL DISE	ASE OR CO	ONDITION	4 GIVEN	IN PART 110		
	CERTIFICATION	190 DATE OF OPERA	LION	TION CONIE	OITION FOR W	/HICH OBED	ATIONI WAS	DEDEODATED		20- All	TOPSY?	1201	IE VEC 14/	ERE FINDIN	100 1100	-
on. hos b	5	DATE OF OPERA	11014	176. CONE	DITION FOR W	HICH OPEK	ATION WAS	PERFORMED				INC	ERTIFYIN	G CAUSES	OF DEATH?	
Sho Sho	E	71g. ACCIDENT WAS UND	DERLYING -	21b. TIME C	OF IN ILIRY		21, H	OW INJURY O	CCLIBBED	YES _	NO		YES [NO 🗌	_
PHYSICIAN ending phys this certifico he buriol-troind Mentol Hydrogen de prioritem 18		OR CONTRIBUTING	AUSE OF DEAT	110110	M. MONTH	H DAY Y	EAR	0 11 W 13 OKT O	CCORRED	FEMILE	NATURE OF I	IN THUE	M IB PARI I	ORPARI 2)		
IYSICIA ding ph is certifi buriol-ti Mentol	MEDICAL	214 INJURY OCCURE			OF INJURY		19	CATION								_
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Afre os olith on ork		AT WORK AT WOR	RK	-1) -44	L	Mar	ch 20		87	M	av 5		10	87	. V	_
OR: OR: I is r		sow the decease obove, XI) (we) (6	ed alive on_	May 5	ne deceosed t	19 87		n (X v) (our) op		, 10		e date and			that (we) los	ł
RECT RECT ed fo	155	obove, X) (we) (c	(did not	view the body	y ofter death.		DEGREE							22c. DATE		_
the of the Des		Mer	lin	Ven	my	MI) -	ATTENDI	ING /	MEDICA	L S	TAFF				
SPITA LERA VERA Stort	1	226 PHYSICIAN'S NA	PHYSICIAN DIRECTOR PHYSICIAN 220 PHYSICIAN TYPE OR PRINT)							J		1111111	-			
TO HOSPITAL retained by t TO FUNERAL should be det with the State		Merlyn Vermurry., MD					90	9000 Franklin Square Drive., 21237								
5 g 5 4 g		BURIAL, CREMATION,	REMOVAL	23b. DATE		23c NAME		Y OR CREMAT		23d. LO	CATION					=
RP		SPECIFY) Burial		5-8-	87	Oal	k Lawn			Ba	Itimo	ore M	larvi	and	STATE	

DHMH - 16 60M 7/84 (VRA 15, 4)

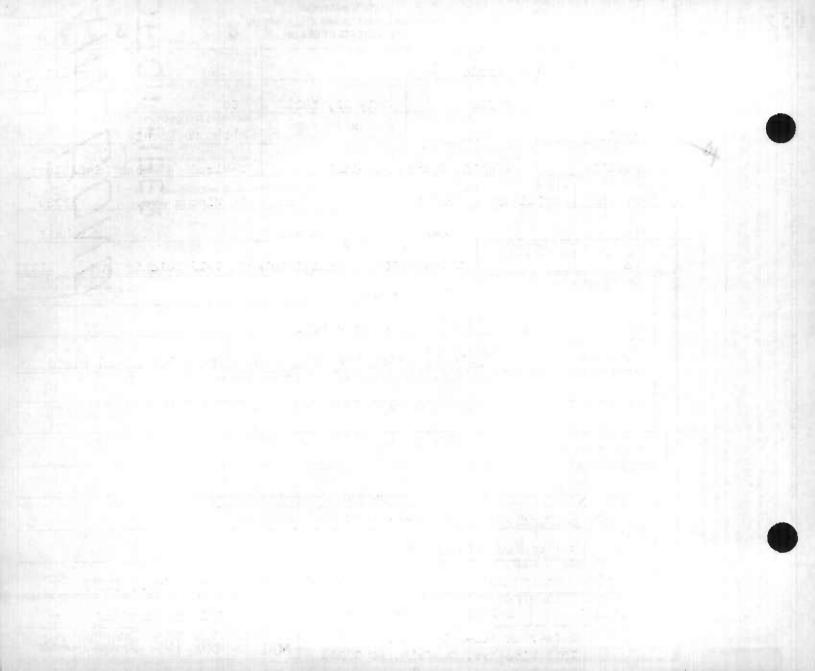
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24 FUNERAL DIRECTOR NAME 7922 Wise Ave. Dundalk, MD 21222

Duda-Ruck Funeral Dume of Dundalk

Oak Lawn

Baltimore Maryland MAY 8 1987 Julia Scotler Redistration



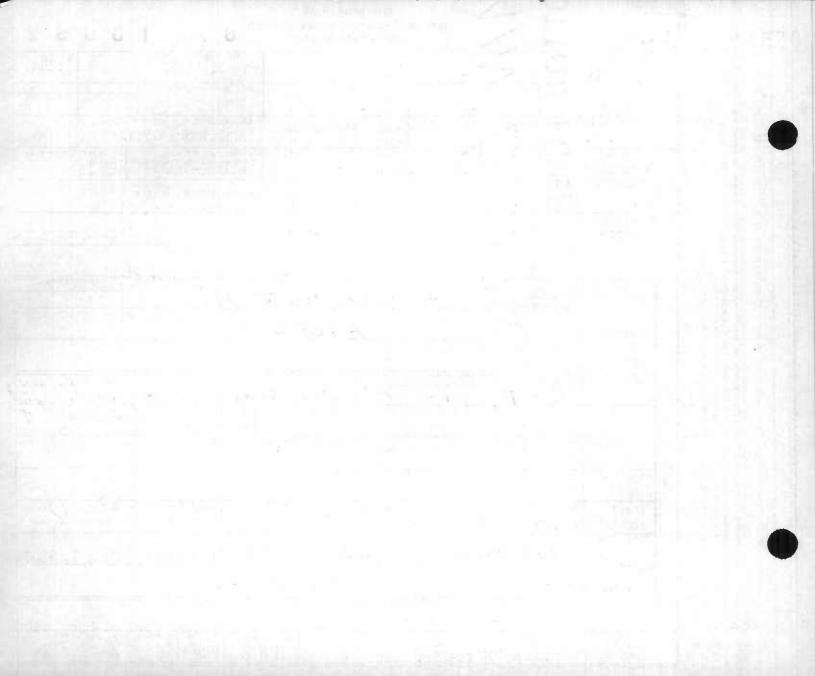
Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

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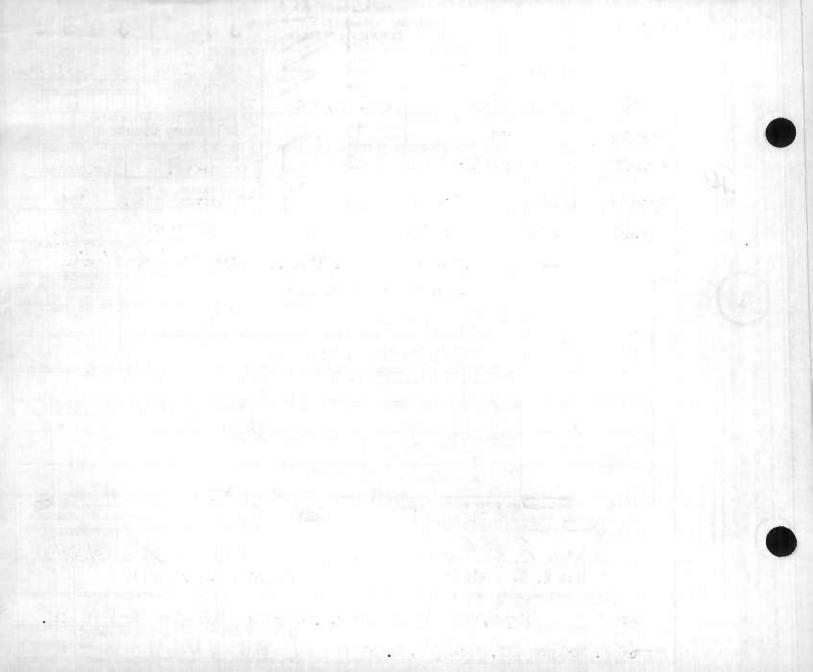
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE



Howard K. McComas III, Abingdon, Md. 21009

pina paranon-Rondallo

DHMH - 16 60M 7/84 (VRA 15, 4)



FOR STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

IENES 7

1305

	REGISTRAR					REG. NO).	
	DECEASED NAME FIRE	Emery	M.	Low	AST		05/03/87	7:17P
3	SEX	4. RACE		5. DATE O		AGE LIN YEARS LAST BIRT		IF UNDER 24 HRS
	Male	White		MONTH	6 1906	80	YRS DAYS	HOURS MIN.
	BIRTHPLACE (STATE OR FOREIG	76 CITIZEN OF	WHAT COUNTRY?	8.	· · · · · · · · · · · · · · · · · ·	BALTIMORE CITY OF		
-	Colorado	U.S.		WIDOWE			ce County	MD
	Towson	Greater	Baltimor	e Me	11 1 01	USUAL OCCUPATION OF WORK FOR MOST OF Engineer		nical
Ti.	SUAL RESIDENCE (IF NURSING H STATE Maryland 136 136	OME OR OTHER INSTITUTION, COUNTY Balto.	GIVE RESIDENCE BEFORE A 13 CITY OR TOWN TOWSON	ADMISSION)	13d INSIDE CITY LIMITS?	3. STREET ADDRESS / 1209 River	zp cope rdale Rd. 21	204
14	FATHER'S NAME Härry	R.DDIE	'^Low		Bertha	E WIDDLE	Mor	ton
116	WAS DECEASED EVER IN U		166 SOCIAL SECUR		17 INFORMANT	ADDRE		
L	(YES, NOR UNKNOWN)	YES GIVE WAR OR DATES)	104-07-1	L274	Mrs. Lois E.	Low Sar	me as 13e	
	18 CAUSE OF DEATH (En PART I. DEATH WAS C	nter only one couse per AUSED BY: AEDIATE CAUSE (0)			arrest		BETWEEN Sudo	ONSET AND DEATH
	underlying couse lo	DUE TO, OF	R AS A CONSEQUEN	NCE OF	ic cardiovascu			
- 1	190 DATE OF OPERATION	essential			N WAS PERFORMED	120a AUTOPSY?	206. IF YES, WERE FIND!	NGC USES
100	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYN	196. CONDI	TION FOR WHICH C	SPEKATIO	N WAS PERFORMED	YES NO	IN CERTIFYING CAUSES	
	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE LIFETIMER, NOTIFY MEDICAL EX 21d. IN JURY OCCURRED	OF DEATH HOUR A.	M. MONTH DAY M.	Y YEAR	21c. HOW INJURY OCCURRED	D (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I OR PART 2)	
1	WHILE NOT WHILE E		EET, FACTORY, OFFICE, FAR	RM, ETC)	STREET	CITY OR TOV	VN COUNTY	STATE
	220.1 certify that (I) (this saw the deceased of obove. (I) (we) (did) (c. 22b. SIGNATURE		7 19 8		d that in (my) (our) opinion de DEGREE ATTENDING	MEDICAL STAF	te and hour and from the	that (I) (we) lost couses stated SIGNED / 3/87
H	22d. PHYSICIAN'S NAME	(TYPE OR PRINT)			PHYSICIAN 1	DIRECTOR PHYSIC	IAN	
		. Shaw, M.	D.			N. Charles	Street	
23	Burial, CREMATION, REM	OVAL 236 DATE 5/4/87	7 23c N/		EMETERY OR CREMATORY EW Cemetery	23d LOCATION Balleo	Balto.	Md.

DHMH - 16 60M 7/84 (VRA 15, 4)

- 16 60M 7/B4 24 FUNERAL DIRECTOR

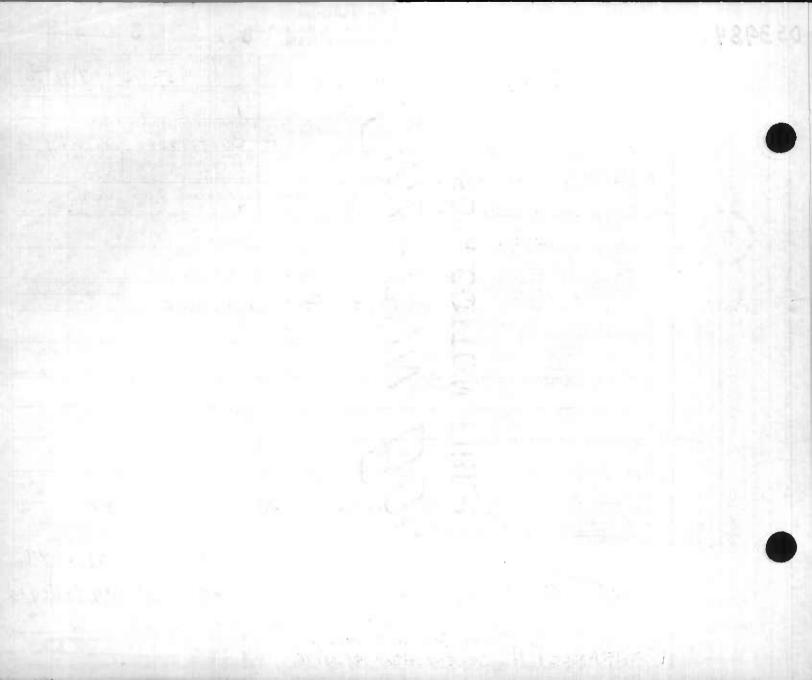
Ruck Towson Funeral Home, Inc.

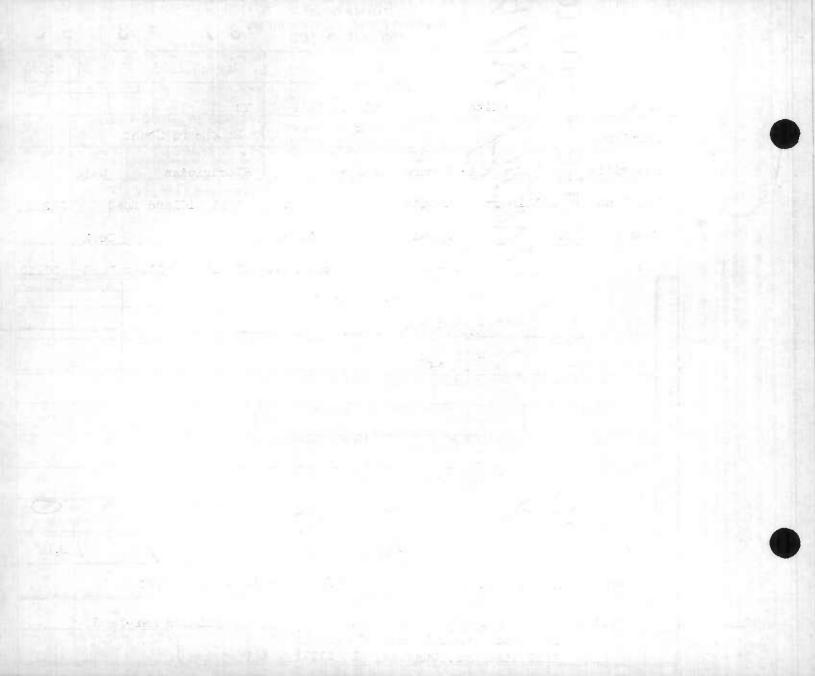
21204

1050 York Rd.

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

CL: L , L , L 720 4 rate of actions Geoega# JUliinas io ioni Cantaru LCC C .esing | Date | the state of the production of the state of remiencia: of commission issues reference orgenti. E most marion 77 77 Bridle Toxon Stranger to a line of the contract of the contrac

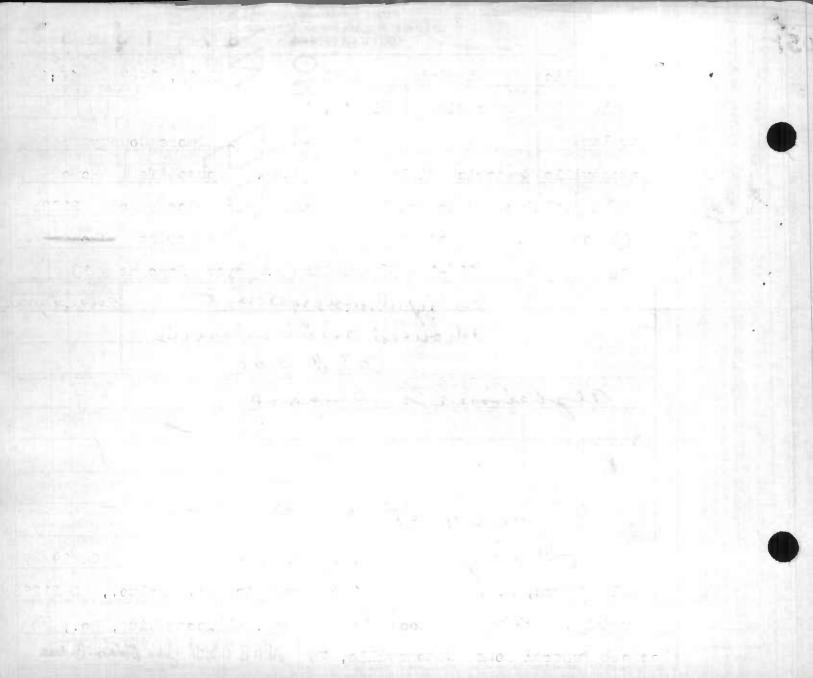




may be 5 copies 3 cop	-1	FOR STATE	DEPA			a may / h
may be r. page 3 fer death	-	REGISTRAR		RTMENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	REG. NO.	305/
may be r. page 3 fer death		CEASED NAME FIRST	WIDDLE	LAST	20 DATE OF DEATH MOR	NTH DAY YEAR 26, HOUR
may r. pog	(TYPE	(OR PRINT)	+	Makelt		5 21 87 1013
	3 SE		4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDA	Y) IF UNDER 1 YEAR IF UNDER 24
4 00		Mala	White	MONTH DAY YEAR	78	MONTHS DAYS HOURS
g 40 ///	7e. B	RTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNT	RY? 8.	9 BALTIMORE CITY OR C	OUNTY OF DEATH
\$ 35 44/		COUNTRY)	TI AN A	MARRIED NEVER MARRIED		- Courtes
4 24/30	10 C	Alabama ITY OR TOWN OF DEATH		SING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	126.9KIND OF BUSINESS
1 11/4/	17	TOWSON	ST 4/2 ME	eris Ampere	(TYPE OF WORK FOR MOST OF WO	
	esu.	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION, GIVE RESIDENCE BE	FORE ADMISSION)	Administra	91111
1 0 3 13	Dist. S	TATE 136 COUN				
1 4部/1	14:5/	Mg Rali		YES NO THER'S MAIDEN		n Choice In.
MAD	V		MIDDLE 1AST	FIRST	MIDDLE	LAST
1 1 1	160	Jacob VAS DECEASED EVER IN U.S. ARA	Mak MED FORCES? 166 SOCIALS		ADDRESS	Lieberma
and one			E WAR OR DATES)	711	Maiden Choi	ice In. Apt. 81
e so o		No.	416-0	1-2879 Mrs. Mary	H. Makoff	Balto Md #2
rtificate g physici anpaper emaval.		18 CAUSE OF DEATH (Enter onl PART I. DEATH WAS CAUSED	ly one cause per line far (a), (b)	and (c).1		APPROXIMATE INTERVA
that the death ce by the attendin cose remove corb al, cremation, or r		gove rise to immediate couse (a), stating the underlying couse last	DUE TO, OR AS A CONSE	QUENCE OF		
equires a signed. Then ple to buric njury, o	N O	PART 2 OTHER SIGNIFICANT C	CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE TE	RMINAL DISEASE OR CONDITI	ON GIVEN IN PART 110
prior	¥ E	190 DATE OF OPERATION	196 CONDITION FOR WH	ICH OPERATION WAS PERFORMED	20a AUTOPSY? 20	b. IF YES, WERE FINDINGS USED
	Ē				YES NO	CERTIFYING CAUSES OF DEATH
N. The	CERTIFICATION	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c HOW INJURY OCC	URRED (ENTER NATURE OF INJURY IN	
Siciar ng phr certific arial-tri ental h		OR CONTRIBUTING CAUSE OF DEAT		DAY YEAR		
HYS!	MEDICAL	21d INJURY OCCURRED	21e PLACE OF WURY	211. LOCATION		
or atten After th e as the alth and marked	¥	WHILE NOT WHILE D	(AT HOME, STREE FORY, OFF	CE, FARM, ETC.) STREET	CITY OR TOWN	COUNTY STA
Se of the mor		220.1 certify that Whis hospit	tal) attended the deceased from	m 5/2/ 19.8	2 to 5/21/8	7 , 19 17 , that (li) (we
TTEN Diracl TOR Or U		saw the deceased plive on_	15/21	A =		and hour and from the couses state
F 1 4 0 14		obove, (I) (we't told) (did not 27b. SIGNATURE	1) view the boat offer death.	DEGREE		22c, DATE SIGNED
RE A Hos Pt.			-		MEDICAL STAFF	
the hose the bose of the bose		The second second	22(mil)			
	-	22d. PHYSICIAN'S NAME THE OF		Ste	lla Maris Hospi	
			. M.D.			
		Eddie Nakhuda,		2300 Dulaney	Valley RdTo	wson, MD 21204
TO HOSPITAL retained by the TO FUNERAL should be deter with the State IMPORTANT:	23a. B		23b. DATE 2	2300 Dulanes	V Valley Rd.—To	WSON, MD 21204
	Er	Eddie Nakhuda,	23b. DATE 2 5-23-87	2300 Dulaney	V Valley RdTo	wson, MD 21204

trend conflicted to the late CAR CONTACTOR MX " I wallen 'Bolog Lo. XX 6.4 (68) The property of the last Til distance (Mediev Le. Apr. 811)

	I	tem #15, G-527, 5/2									
5 5 1 100 O	1:	FOR STATE REGISTRAR	DE		EALTH AND MENT		8	7	1 3	0	5 8
0 1 Ann 20	1 DF	CEASED NAME FIRST	WIDDIE		AST	20.	DATE OF D	REG. NO.	ITH DAY	YEAR	26 HOUR T
75 ·	(149)	OR PRINT) Alice	e Virgi	nia M	aisel	A	pril	23,	1987		10:15
0.0	3. SE		4 RACE	5. DATE C		6. A	GE LIN YEAR			NDER I YEAR	IF UNDER 24 HRS
913.0		Female	Caucasia		y 13°, 19	707		79	YRS		
of Styles		RTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	76 CITIZEN OF WHAT COU	MARRIE		ED C			Cou	nty	MD.
1	10 C	Catonsville	11. NAME OF HOSPITAL, III (IF NOT IN SUCH FACILITY, GIVE Frederick	E STREET ADDRESS)		117	USUAL OC PE OF WORK FO HO	CUPATION OR MOST OF WO	ORKING LIFE) 1	NDUSTRY	me
		TATE 1136 COUR		r Town nsville			STREET AD	DRESS / ZI alcou	r code ar Ro	ad	21228
and the second	4 FA	THER'S NAME Clinton		aggs	15 MOTHER'S MAIL FIRST Mary			ther		lliya Cho	
ages]		VAS DECEASED EVER IN U.S. AR	VE WAR OR DATEST	L SECURITY NO.	17 INFORMANT	77		ADDRESS		// A	2
# E	_	NO NO			William	n K. I	soyer	San	ne as		CIMATE INTERVAL ONSET AND DEATH
e has been signed by the othendin it permit. Then please remove corb siene prior to buriol, cremotion, or a siene prior, or other troumatio	CERTIFICATION	Conditions, if ony, which gove rise to immediate couse lost, storing the underlying couse lost PART 2. OTHER SIGNIFICANT (19a DATE OF OPERATION)	196 CONDITION FOR	NSEQUENCE OF NG TO DEATH BUT	N WAS PERFORMED			1019	YES [G CAUSES]	NGS USED S OF DEATH?
ol-tronsi tol Hygi		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MONT		21c. HOW INJURY	OCCURRED	(ENTER NATUR	E OF INJURY IN	ITEM 18 PART I	ORPART 2)	
s the burion ond Men	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	R) P.M. 21e PLACE OF INJURY I AT HOME, STREET, FACTORY,	OFFICE, FARM ETC)	21f LOCATION STREET			ITY OR TOWN		COUNTY	STATE
for use of Health		220. Certify that (1) (this hospi	otton ottended the deceased	A comme	, 19. ad that in (my) (our)	opinion deat	to	on the date o	nd hour one		that (1) (we) lost
AL DIRECTOR DIRECTOR DESCRIPTION OF DEPT.		22b. SIGNATURE	1		M.D. ATTEN	IDING M	AEDICAL IRECTOR []	STAFF PHYSICIAN			1/24/87
TO FUNERAL should be det with the State		Allan Perez	z, M.D.		1009 Fr					. , N	ID 21228
: ± 4 3 ≥ 7	23a. E	SURIAL, CREMATION, REMOVAL			EMETERY OR CREMA		23d. LOCATION	TOWN	ec.	YTAU	STATE
	-	SPECIFY) Burial	04/27/87	Good S	hepherd		Elli	cott	City	, Ho)., MD
H - 16 60M 7/B4 VRA 15, 4)	29 11	neral director acNabb Funers	al Home Ca	tonsvil	le, MD	APR	2719		lia Do		



		Item #16b G			OF MARYLAND				
	1-	FOR STATE CW	DEP		ALTH AND MENTAL HYG CATE OF DEATH	IENE 8 7		3 0	5 9
54859 JUN-1	97	REGISTRAR CEASED NAME FIRST	MIDDLE	CERTIFI		REG. N		DAY YEAR	In House
÷ 33 e		OR PRINT)				May 27		87	1:32p M
ay be	3. SE)	Irene	RACE -	ANKIEWIC		6. AGE (IN YEARS LAST BI		IF UNDER 1 YEAR	IF UNDER 24 HRS
offer.	J. JL/	the second control of	White		. 20,1917	69	~	AONTHS DATS	HOURS MIN.
Poge direct	7a. BI		CITIZEN OF WHAT COUN	TRY2 8		9 BALTIMORE CITY	YRS.	OF DEATH	
oth.		Ito., Md.	/U. S. A.	WIDOWEI	NEVER MARRIED DIVORCED	Baltimor			MO
P ST		TY OF TOWN OF DEATH	NAME OF HOSPITAL NI	IRSING HOME O	OTHER INSTITUTION	120 LISUAL OCCUPAT	ION	TISE KIND O	BUSINESS OR
5 W 5 5 2	B	osedale /	Franklin S	quare h	lospital Cn	trWest	ern E	lect.	actory
10 212	13a S	AL RESIDENCE (IF NURSING HUME OR OTI STATE 134. COUNTY	HER INSTITUTION, GIVE RESIDENCE	TOWN		13e.STREET ADDRESS			
Y T	14. FA	THER'S NAME	Butt	imore	YES NO	AE 37 9 3	O t Onto	ic bi.	-21224
a land	1	Stanislaus .	Kamins	ki	Josephi			2 LAS	
RE, Y	16a V	VAS DECEASED EVER IN U.S. ARME	D FORCES? 166 SOCIAL	SECURITY NO.	17 INFORMANTSON:	James AM	ESSMani	kiewic	Z
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND ING PHYSICIAN: The low requires that the death certificate be received by the other physician as the burial-tronsit permit. Then please remove carbon papers. Permit of the new prior to burial, cremation, or removal. In and Mental Hygiene prior to burial, cremation, or removal. The stows any injury, at other troumatic event, the medicine monthly included or them.	10	YES, NO OR UNKNOWN) (IF YES, GIVE W	AR OR DATES)	3-9966	. 124 N. Ea	st Ave.; L	Balto.	,Md. 2	1224.
Salti Sicion pers.		18 CAUSE OF DEATH (Enter only of PART I, DEATH WAS CAUSED B	one couse per line for (a), (b	o, and ich				APPROXI BETWEEN	MATE INTERVAL DISET AND DEATH
phy anpa emay event		PART I. DEATH WAS CAUSED E IMMEDIATE (onary Ar	rest & Cardia	c Arrest			
ON or recording control			DUE TO, OR AS A CONS	EQUENCE OF	Harris and harris				
dea dea atten		Conditions, if any, which gave rise to immediate	(b) Inte	rcranial	Hemorrnage				
W. Pi		couse (a), stating the underlying couse last	DUE TO, OR AS A CONS	EOUENCE OF	Cirrhosis of	the Liver			
s tho s trial, ar a					NOT RELATED TO THE TERM		10.17.01.1.01.1		
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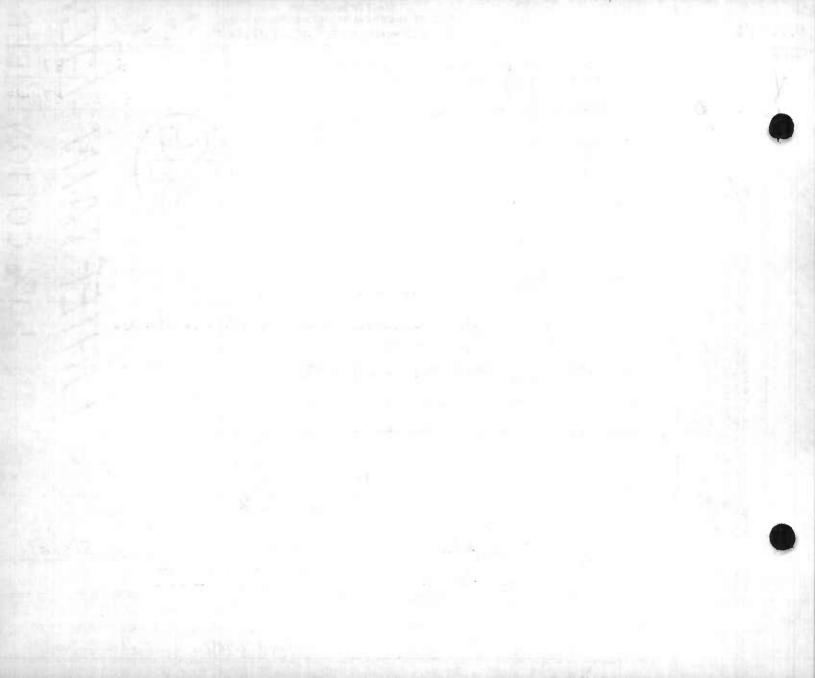
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 053468 - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 2b. HOUR 20. DATE KNOWN (TYPE OR PRINT) ESTI-REGINALD 1987 SAILEY 5 TTHEWS DEATH MATED 3. SEX 6. AGE (IN YEARS IF UNDER 24 HRS DATE 2d HOUR April 1 1929 21:30 PRONOUNCED White Male 108 DEAD 76. CITIZEN OF WHAT COUNTRY? To BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY Baltimore County WIDOWED DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 126 USUAL OCCUPATION TYPE OF WORK 126, KIND OF BUSINESS OR INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Barber 14 Luff Court Essex UAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13b. COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 14 Luff Court 21221 NO 14 Balto. Md. Essex 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Medlin Luther Matthews Bessie 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO 17. INFORMANT ADDRESS Evalee Matthews 14 Luff Court 21221 Korean 243-36-7184 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: CARPIO PULMONARY IMMEDIATE CAUSE (o). DUE TO, OR AS A CONSEQUENCE OF ARTERIOSCLEROTIC CORONARY VASCULAR PISEASE Canditions, if any, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES NO [21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME. 21f. LOCATION 21d INJURY OCCURRED STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE NOT WHILE TO MEDICAL EXAMINER
EXECUTE THE CRRTIFICATE
PAGE A SHOULD BE FOR
TO FUNERAL DIRECTOR
AFTER DEATH, WITH THE ST Inspection 220 I certify that I took charge of the remains described above, held an Autopsy and in my apinian Hamicide Suicide Undetermined manner LITLE (SPECIFY) ACTUAL SIGNATURE MEDICAL EXAMINER 6800 MORNINGTON AD EXAMINER'S NAME ADDRESS BALTO, MD. 21222 TYPE OR PRINT 230. BURIAL, CREMATION, REMOVAL 23b. DATE 231. NAME OF CEMETERY OR CREMATORY MiddleRiver Balto. Maryland **HollyHillCemetery** 5/12/87 Burial DHMH-17 20M 1/73 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE (VR AT5 ME (5)) lia Dividson Pandall Connelly Funeral Home 300 MaceAve.



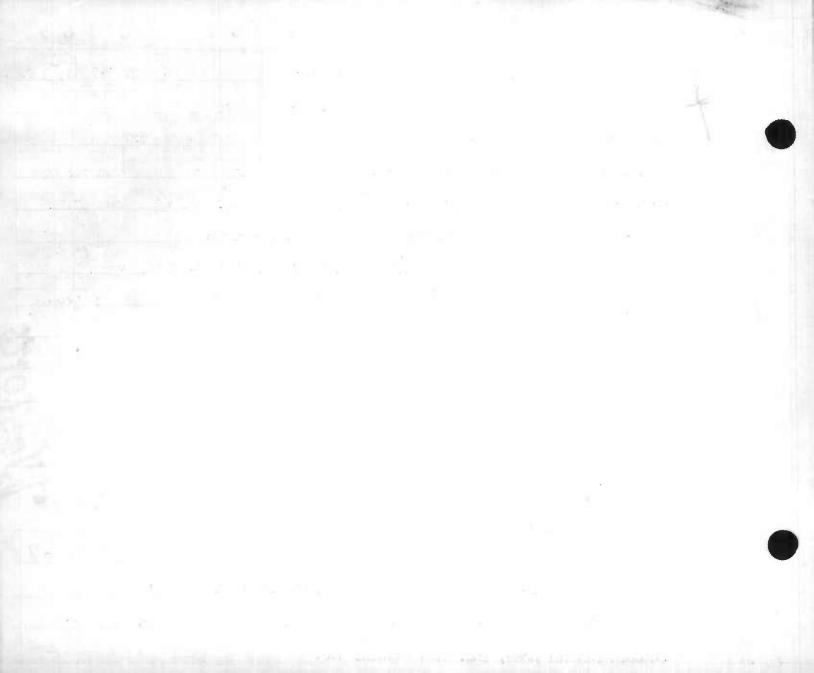
STATE OF MARYLAND

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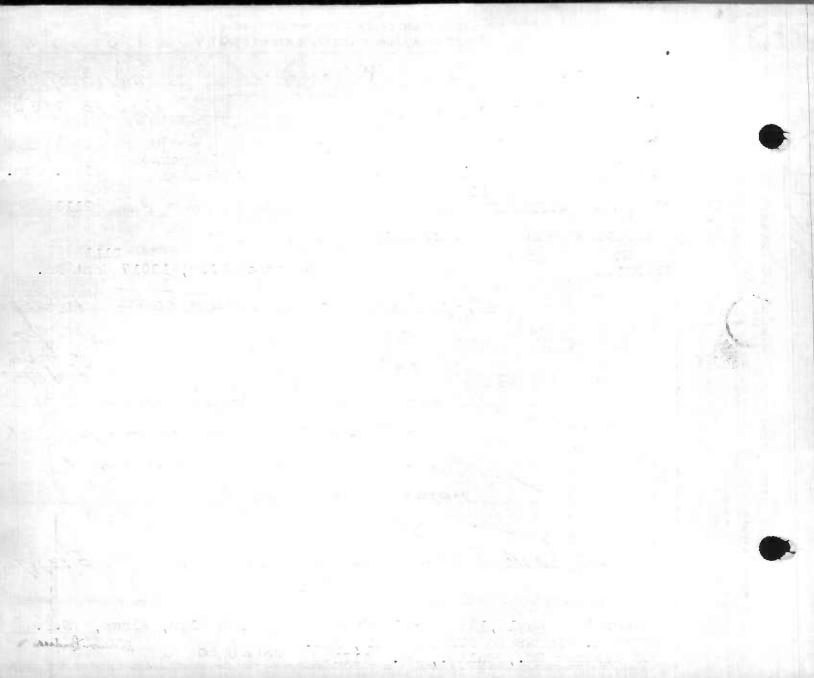
DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH YEAR 2b. HOUR 1. DECEASED NAME MONTH (TYPE OR PRINT) 87 Nicholas 0. McCubbin 1:45 P.M. page 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR 4 RACE 5 DATE OF BIRTH 3 SEX director, po DAYS MIN. MONTH DAY YEAR Male White 13 10 BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE ISTATE OR FOREIGN MARRIED NEVER MARRIED COUNTRY Baltimore City WIDOWED Maryland DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Baltimore 5464 Addington Road Watchman Court House USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13e STREET ADDRESS / ZIP CODE 130. STATE 13b. COUNTY 13d INSIDE CITY LIMITS? 5464 Addington Road Maryland Baltimore NOF 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME FIRST MIDDLE LAST MIDDLE LAST Nicholas 0. McCubbin unknown 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO (IF YES, GIVE WAR OR DATES) (YES. NO OR UNKNOWN) NO 215-01-0369 McCubbin 5464 Addinator Rd Bertha A. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per ling for 101, 4b1, and 101.1 PART I. DEATH WAS CAUSED BY reman IMMEDIATE CAUSE (o DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (a), stating DUE TO OR AS A CONSEQUENCE OF underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION prior 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? pe NO NO [ial-transit 210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 211 LOCATION 21d. INJURY OCCURRED 21e PLACE OF INJURY 0 COUNTY STREET CITY OR TOWN STATE AT HOME STREET FACTORY OFFICE FARM ETC) morked NOT WHILE 220.1 certify that (This haspital) attended the deceased from sow the deceased alive or and that in (our) apinion death occurred on the date and hour and from the causes stated obove. (1) Iwe! (did) (did not) wew the body after death 27b SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL PHYSICIAN PHYSICIAN MPORTANT: 22e ADDRESS 22d PHYSICIAN'S NAME LIVE OF PRINTS should be with the S 5400 Old Court Road Suite 204 Michael Pearlman 23d LOCATION 230 BURIAL CREMATION, REMOVAL 23h DATE 23c NAME OF CEMETERY OR CREMATORY COUNTY STATE (SPECIFY) 5/30/87 Evergreen Mem. Carroll Burial Finksburg 250 DATE REC'D, BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR 21229 DHMH - 16 60M 7/B4 Dividion Pondale (VRA 15, 4) Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

STATE OF MARYLAND



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR I. DECEASED NAME 20. DATE KNOWN OF ESTI-John DATE LAST BIRTHDAY) PRONOUNCED Male White 06/08 7b. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR MARRIED NEVER MARRIED S. Now York WIDOWED A DIVORCED OR INDUSTRY TOWSOM 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION esperson Elec. Sup. Carroll 30 STATE 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS WXX 13017 Gent 21136 YES X XXXXXXXXXX Reisterstown 15. MOTHER'S MAIDEN NAME XXXXXXXX John McLoughlin Unknown 160. WAS DEGEASED EVER IN U.S. ARMED FORCES? (YES, NO. O'WINOWN) (IF YES, GIVE WAR OR DATES) 16b. SOCIAL SECURITY NO. 17. INFORMANT 21136 050-07-4779 XXXXXXXXX John McLoughlin, 13017 Gent Rd. CAUSE OF DEATH (Enter only one couse per ling of (a) PART I DEATH WAS CAUSED BY A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-A GONSEQUE lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 CERTIFICATION 19a DATE OF OPERATION CONDITION FOR WHICH OPERATION WAS PERFORME 20 AUTOPSY? HOUR A.M. MONTH DAY YEAR UNDERLYING CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 211. LOCATION NOT WHILE STREET, FACTORY, FARM, ETC.) STREET COUNTY TO FUNERAL DIRECTOR: PAGE AFTER DEATH, WITH THE STATE (BALTIMORE, MARYLAND (2) 201 AT WORK 220. I certify that I taak charge of the remains described above, held as Inspection Let. Autopsy death resulted fram: Natural causes Homicide Undetermined manner EXAMINER'S NAME (TYPE OR PRINT) 23d. LOCATION 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY COUNTY STATE May16,1987 Holy Cross Burial Brooklyn BP Kings RUBERT CR ALTENBURG UNERAL HOME, INC. 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH-17** 6009 Harford Rd., Balto., Md. 21214 (VR A15 ME (5)

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e ×	Pages	La		YES, NO OR UNKNOWN)	WW I	E WAR OR DATES)	216-05-0	368	RICHARD MERI	RTAM	912 STA	GS HEA	D RO	ĄD
requires that the death certific	een signed by the attending physici 1. Then please remove carbangaper iar to burial, cremation, ar removal.		TION	Canditions, if any, gave rise to imm cause (a), stating underlying cause	which ediote the lost.	DUE TO, O (b) DUE TO, O (c) CONDITIONS CO	R AS A CONSEQUE R AS A CONSEQUE DISTRIBUTING TO E ATTEMOSE	ADOF	NOT RELATED TO THE TERM CAN DICUGALISA N WAS PERFORMED	INAL DISEASE	OR CONDITION	nay Art	ART Ital	
PHYSICIAN: The law	certificate has unial-transit per lental Hygiene	9	MEDICAL CERTIFICATION	216. ACCIDENT WAS UND OR CONTRIBUTING C (IF EITHER NOTIFY MEDIC 21d IN JURY OCCURR WHILE NOT WHI	ERLYING AUSE OF DEA	21b. TIME O HOUR A.) P.	FINJURY M. MONTH DA M.	AY YEAR 19	21¢ HOW INJURY OCCURR 211 LOCATION STREET		NO	IF YES, WERE ERTIFYING C YES MIB PARTIOR P	AUSES O	STATE
HOSPITAL OR ATTENDING	TO FUNERAL DIRECTOR. After should be detached for use as t should be detached for use as t with the State Dept. If the other than the State Dept. If the other than the oth			270 I certify that (i) saw the decease above (i) we i d 77b. SIGNATURE	this haspi d alive so id) (aid no	Apul			ATTENDING PHYSICIAN DE 1270 SUPPLE 5 11 E. CHEST	MEDICAL DIRECTOR	STAFF PHYSICIAN [2726	DATE SI	1984
5	1 5 4 3 E	-	22. 0	LIBIAL CDEALATION C	254401/41	Ton DAYS	122.5	LAME OF C	FLICTERY OR COSTULTORY	Total LOCAT	1011			

DHMH - 16 60M 7/84 (VRA 15, 4)

23b. DATE

236 BURIAL, CREMATION, REMOVAL (SPECIFY)

CREMATION MAY 8, 1987 WESTVIEW CREMATORY TORY CATONSVILLE MARYLA

250. DATE REC D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

MAY 1 2 1987 MARYLAND LEROX M. & RUSSELL C. WITZKE DEUNERAL HOMES P.A. EDMONDSON AVENUE CATONSVILLE MD

23c. NAME OF CEMETERY OR CREMATORY

STATE

COUNTY

23d LOCATION

and the second second MPCKE

> 1111o	1-	FOR STATE REGISTRAR				CERTIFIC.	F MARYLAN LTH AND MI ATE OF DE	ENTAL HYG	REC	6, NO.	3	0 7	Ü
2.5		CEASED NAME	ALBERT	F.		METZ.			20 DATE OF DEAT		29/87	2b. HO	£
offer dea	3. SEX	Male	4.	RACE Caucasia		5. DATE OF E	DAY	1900	6 AGE (IN YEARS LAS	T BIRTHDAY)	MONTHS E	YEAR IF UNDE	R 24 H
72 hours	70 BII	RTHPLACE (STATE OR FO	OREIGN 76	CITIZEN OF WHA	AT COUNTRY?	1	NEVER MA		9 BALTIMORE CIT	Y OR COUN	TY OF DEAT	Н	
32	10 C1	TOWS ON	TH 11	. NAME OF HOS		HOME OR	OTHER INSTIT	TUTION	12a USUAL OCCU (TYPE OF WORK FOR MY Self-Emp	PATION OST OF WORKING	12b. KII	or Busing TRYTree Estate	ESS B
35	13a. S	AL RESIDENCE (# NURSI TATE yland	136 COUNTY Balti	130	RESIDENCE BEFORE A CITY OR TOWN Free1	and		VO 🔯	13e STREET ADDRE	SS / ZIP CO	2105.	3	
282	14. FA	THER'S NAME Benjamin	M IC	F.	Metzge	r	Mar	y y	R.		Har	tsock	
Pers. Poges		/AS DECEASED EVER ES, NO OR UNKNOWN) Yes	(IF YES GIVE V	VAR OR DATES)	SOCIAL SECUR		Box 3		ohn A. Me land, Man		2105	3	
inen please remove condition or injury, or other traumotic	NOI	PART 2 OTHER SIGN	lost.	(c)	RIBUTING TO DE	FATH BUT NO	OT RELATED T	O THE TERM	INAL DISEASE OR (
shows any i	CERTIFICATION	19a DATE OF OPERAT	TIÓN	196 CONDITIO	N FOR WHICH (OPERATION I	WAS PERFOR	MED	200 AUTOPSY? YES NO[IN CER	YES, WERE F RTIFYING CA YES	INDINGS US USES OF DEA NO	TH?
Mental Hygin		210 ACCIDENT WAS UND OR CONTRIBUTING C	CAUSE OF DEATH	216. TIME OF IN HOUR A.M. P.M.		Y YEAR			RED (ENTER NATURE OF	INJURY IN ITEM	18 PART OR PAI	RT 2)	
olth and M marked ac	MEDICAL	21d INJURY OCCURE WHILE NOT WH AT WORK AT WOR	FILE		FACTORY OFFICE, FA	RM, ETC)	IL LOCATION			ORTOWN	COUN		STATE
Dept of He		220 I certify that (I) saw the decease above. Dwell C 22b. SIGNATURE 22d. PHYSICIAN'S NA	AME PYPE OR P	PRINT)	ceosed from	DE	GREE	TENDING HYSICIAN		he date and			stote
should be deta with the State IMPORTANT: I		ם פת	. PRIC	H. MIII									

J. J. .

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

7 REGISTRAR		CEKTIFI	CALE OF DEATH	REG. N	0.		-	* 634			
I. DECEASED NAME FIRST	MIDDLE	£A.	ST	20 DATE OF DEATH	HINOM	DAY Y	EAR	26. HOUR 30			
(TYPE OR PRINT)	AN	MIL	LER		5	3 8	77	12 30			
3 SEX	4 RACE	S. DATE OF	F BIRTH	6 AGE (IN YEARS LAST BI	RIHDAY)	IF UNDER I		IF UNDER 24 HRS			
Female	White	Feb.	24, 1906	81	YRS.		DAYS	HOURS MIN.			
7a BIRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COU	JNTRY? 8.	☐ NEVER MARRIED ☐	9 BALTIMORE CITY	OR COUNT	Y OF DEA	TH				
COUNTRY) MD	USA	WIDOWED			e Co	ounty		MD			
18 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL,			12a USUAL OCCUPAT	ION	12b. KI	IND OF	F BUSINESS OR			
Towson	Stella Mar	ris Hospi	ce	Physcial	The	herapy-Medical					
USUAL RESIDENCE (IF NURSING HOME OF 130. STATE 13b COL			13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	/ ZIP COI						
MD Ba		vson	YES NO X	12 Hamps	hire	e Woods Ct.					
14. FATHER'S NAME	MIDDLE LA	AST	15 MOTHER'S MAIDEN N	NAME		17413	LAST	COLOR			
Hiram D	Griffin	.031	Julia	MIDDLE		Cleave		200			
160 WAS DECEASED EVER IN U.S. A		AL SECURITY NO.	17 INFORMANT	ESS							
(YES, NO OR UNKNOWN) (IF YES, G	215 (03 2061	John Griff	in, Tow	son,	M	D	- 19			
18 CAUSE OF DEATH (Enter of		, (b), and (c)			-	BET	PPROXI	MATE INTERVAL DNSET AND DEATH			
PART I. DE ATH WAS CAUS	ATE CAUSE (a) Metas	tatic (DR	cinoma of L	-UNG.							
	DUE TO, OR AS A CON										
Canditions, if ony, which	DOE TO, OR AS A COI	143EQUEIACE OF									
gave rise to immediate cause (a), stating the) (0)										
underlying cause last	DUE TO, OR AS A CON	NSEQUENCE OF									
PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTION	NG TO DEATH BUT N	NOT RELATED TO THE TEL	RMINAL DISEASE OR CON	DITION G	IVEN IN PA	ART Ira				
					Kull Colon Strain						
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR	WHICH OPERATION	WAS PERFORMED	20a AUTOPSY?		ES, WERE F					
				YES TI NO M			USES	OF DEATH?			
210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY		21c. HOW INJURY OCCU		YES NO YES NO DE NO DE NO DE NO DE NOTATION NO DE N						
OB CONTRIBUTIONS TO CALLEE OF D											
GIFEITHER NOTIFY MEDICAL EXAMIN	21e PLACE OF INJURY	19	211 LOCATION								
WHILE NOT WHILE	(AT HOME SHEET FACTORY.	OFFICE, FARM, ETC.)	STREET	CITY OR TO	NWC	COUN	ATY	STATE			
AT WORK		1		N = -	-	0/=					
22a.1 certify that Othis hos				6 10 3-d		., 1987		that (we) last			
saw the deceased alive a abave (1) we) (did) (did r	nat) view the baar after death	19, and	that in (aur) apinio	an death accurred on the c	ate and ho	aur and froi	m the c	auses stated			
276. SIGNATURE	1	D	EGREE			220	DATES	SIGNED			
			ATTENDING PHYSICIAN	MEDICAL STA	CIAN [5	-3-87			
22d. PHYSICIAN'S NAME (TYPE			22e ADDRESS				A.	1			
EDDIE	VAKHUDA		700	SON	Me	1.					
23a BURIAL, CREMATION, REMOVA	L 23b. DATE	23c NAME OF CE	METERY OR CREMATOR	Y 234 LOCATION							
Burial	5/5/87	Druid	Ridge	Pikesy	ille,	COUNTY	1	MD STATE			

DHMH - 16 60M 7/84 (VRA 15, 4)

74 FUNERAL DIRECTOR Henry W. Jenkins & Sons Co. 4905 York Road

FOR STATE

Balto., MD

21212

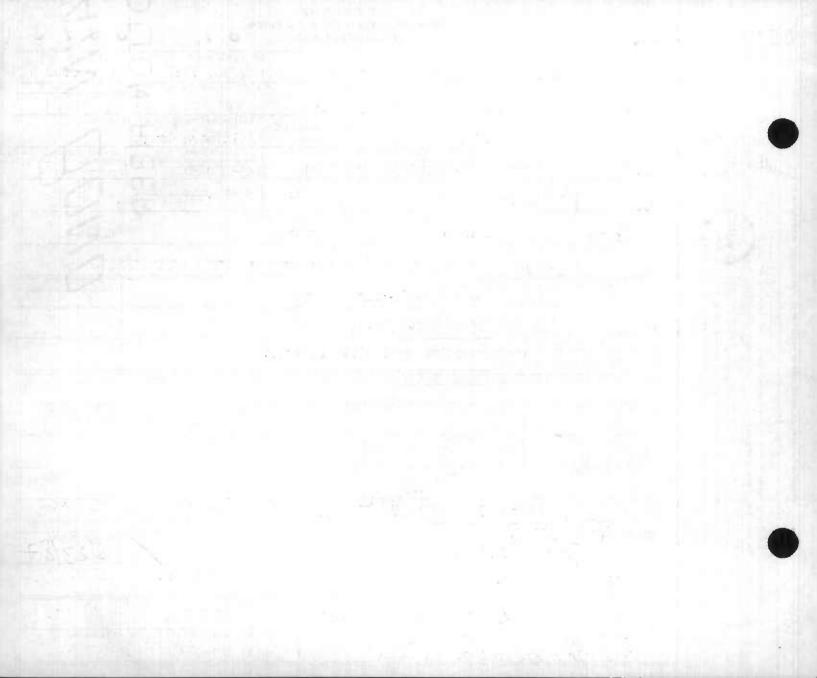
Pikesville,

REGISTRAR 198 REGISTRAR'S SIGNATURE

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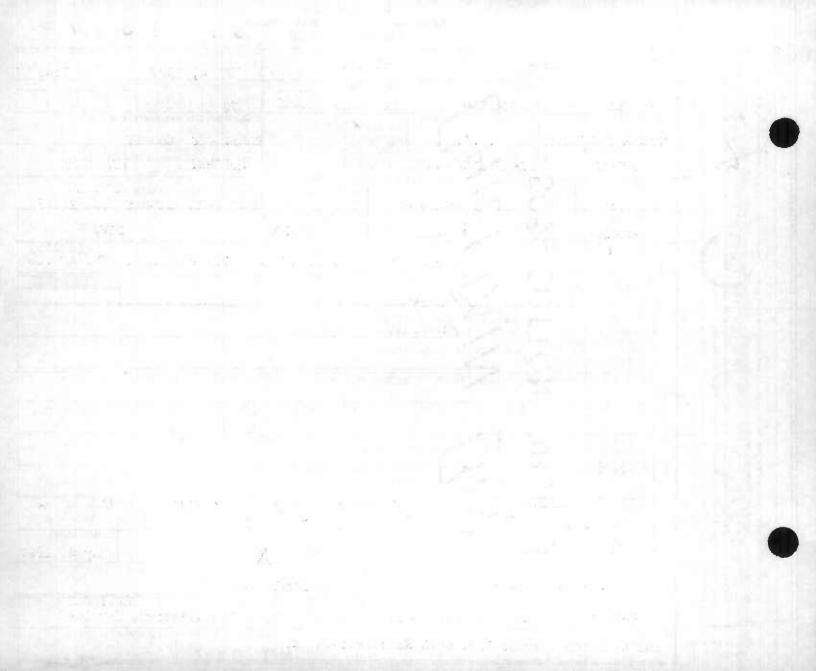
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	1			STATE OF MARYL				
1010 "	1	FOR STATE	DEPAR	CERTIFICATE OF	C.F.	7 1	3 0	13
10000	1 0	REGISTRAR ECEASED NAME FIRST	MIDDLE	LAST		REG. NO.	DAY YEAR	126 HOUR
e 4		PE OR PRINT)	ERT LEE	MILLE	1 7 50 1	, 1987	on ten	6:30 p
poge 3	3. 5		4 RACE	5. DATE OF BIRTH		EARS LAST BIRTHDAY	IF UNDER TYEAR	
offe,				MONTH DAY	YEAR		MONTHS DATS	HOURS MIN
direction of	70	MALE BIRTHPLACE (STATE OR FOREIGN	WHITE 76 CITIZEN OF WHAT COUNTR	9-23-191	9 RAITIMO	RE CITY OR COUNT	TY OF DEATH	
la Zala	100	MD.	U.S.A.	MARRIED A NEVER	MARRIED	more Coun		
third third	10	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR	SING HOME OR OTHER INS		OCCUPATION K FOR MOST OF WORKING		M IQ SZAMIZUB AC
de de	1	BALTIMORE	FRANKLIN SQU	JARE HOSPIT	AL SGT-TR		POLICE	
be the	US	JAL RESIDENCE HENURSING HOM	E OR OTHER INSTITUTION GIVE RESIDENCE BEF	ORE ADMISSION)				DEPL
Filled	2	MD.	ALTIMORE BALTIMO	ORE 13d INSIDE	NOX 9211	GARDENIA	RD. 2	1236
1	14.	ATHER'S NAME	MIDDLE LAST		'S MAIDEN NAME	WIDDLE		
110	5	JOSHUA	MILLER	1	ESTHER	WIDDLE	LEOÑ	
7 4 4 1	160	WAS DECEASED EVER IN U.S.	ARMED FORCES? 16b. SOCIAL SE			ADDRESS		
0.4 E/			W II 216-01-	1020 LOUIS	SE MILLER (WI	FE) SAME F	ADDRESS	
y sico		18 CAUSE OF DEATH (Ente	ranly ane cause per line far (a), (b), JSED BY: Cardio-	and (cs.)			APPROX BETWEEN	ONSET AND DEATH
on po emo		IMMED	DIATE CAUSE (0) Lard10-	Pulmonary Arr	est			
corb corb			DUE TO, OR AS A CONSEC	DUENCE OF				
otte nove otion roun	1	Conditions, if ony, which gave rise to immediate	(b) Larding	enic Snock				
ed by the ottending phys leose remove carbonpop ial, cremation, ar remova ar other troumatic event,		cause (o), stating the underlying cause lost	DUE TO, OMASSIVE	Myocardial I	nfarction			
pleos riol, or o			(c)					
signi hen p o bu	Z	PART 2. OTHER SIGNIFICAN	NT CONDITIONS CONTRIBUTING T	O DEATH BUT NOT RELATE	D TO THE TERMINAL DISEASI	E OR CONDITION G	IVEN IN PART TO	o ·
been mit. T	CERTIFICATION	198 DATE OF OPERATION	196 CONDITION FOR WHI	CH OPERATION WAS PERFO	DRMED 20a AUTO	PSY? 20b. IF Y	ES, WERE FINDIN	NGS USED
hos hos per	기 월				YES	IN CERT	TIFYING CAUSES	OF DEATH?
hysicic icote ronsit Hygid 18 sho	7 🗑	710. ACCIDENT WAS UNDERLYING		21c. HOW II	NJURY OCCURRED (ENTER NA			
certific riol-tri entol b		OR CONTRIBUTING CAUSE OF		DAY YEAR				
burned A Mer	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY	211 LOCATI	ON	CITY OR TOWN	COUNTY	STATE
s the	2	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY OFFIC	E, FARM ETC) STREE			07	STATE
S. Af		220.1 certify thatXiX(this ha	ospital) Mayde 213e deceased from	May 21	19 87 to Ma	y 23	. 19_8/	thor X (we) lo
for to Ping		saw the decoased flive	on he body ofter death.	, and that in XX	(aur) apinion death occurred	d an the date and ho	our and from the	causes stated
DIRECTORY DIRECTORY Dept.		226. SIGNATURE	W	DEGREE			22c. DATE	SIGNED
Y The Mark Dide to ote Dide to		4	par			STAFF PHYSICIAN	7/5	13/8-
FUNERAL old be det of the Store		Joseph Kap	lan. M.D.	22° 9000	§ Franklin Squ	are Dr.	2123	37
TO FUNERAL should be determined by the should be determined by the store important:							7-11	
	23a	BURIAL, CREMATION, REMOV		NAME OF CEMETERY OR		TIMORE	COUNTY	MD STATE
3P		BÜRIAL	-//	NEW CATHEDRAL				
AH - 16 60M 7/84	24	SCHIMUNEK	FUNERAL HOME, IN	C.	25a. DATE REC'D BY R		STRAR'S SIGNAT	URE Pandas
(VRA 15. 4)		OZOE Polair	DA Dalto MA	21236	NAAY ()	X IUXV		

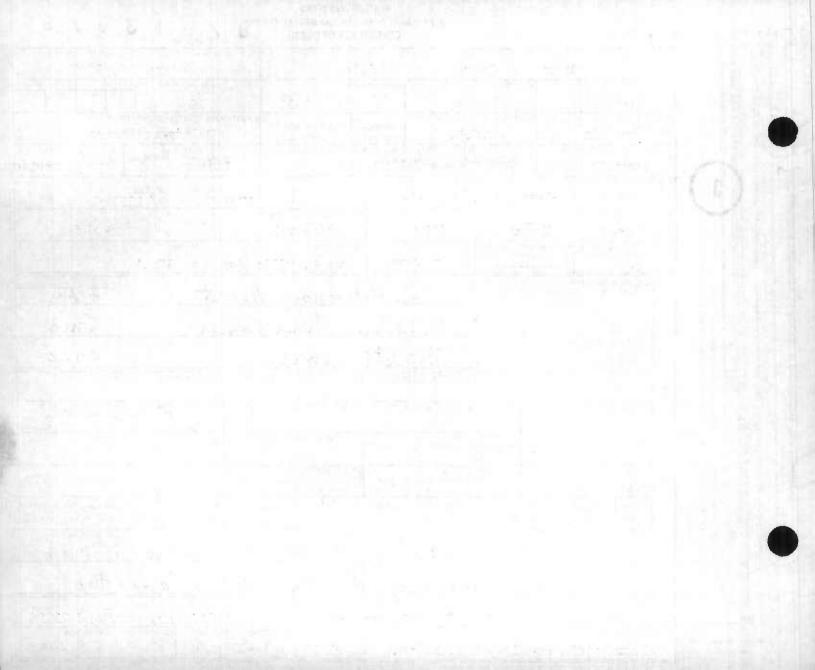


(VRA 15, 4)

STATE OF MARYLAND



	(P. 11 / 12		FOR			DEB		E OF MARY		IENE		ned (7 17
51	30 1117 2	1-	STATE REGISTRAR			DEP		FICATE OF	MENTAL HYG DEATH	8 7	REG. NO.	3) / 3
			CEASED NAME	FIRST		MIDDLE		LAST		20 DATE OF E		DAY	YEAR 26 HOUR
	Per Per	TYPE	OR PRINTI	lmer	Jar	nes	M:	lls			May	18,	1987 "
	(on any	3. SE	(4. RACE		5. DATE	OF BIRTH		6 AGE (IN YEA	RS LAST BIRTH(DAY)	IF UNDER	DAYS HOURS MIN.
	ge 4		Male	0.00	Wh	ite	4	16	1912		75 YR	s	
	9 ## W	7a BI	RTHPLACE (STATE OR	FOREIGN	76 CITIZEN OF		TRY? 8.	D NEVER	MARRIED -		E CITY OR COU		
	de 1 04 2		Virginia			S.A.	WIDOW	ED [ONORCED [Baltimore		
5 1	J-AO		TY OR TOWN OF DE Dundalk		11. NAME OF 1	The TAZE	STREET ADDRESS)		STITUTION		CCUPATION OR MOST OF WORKIN	GUEEL INDI	KIND OF BUSINESS OR USTRY Cansportatio
AND 212	24 hou	130. S M	AL RESIDENCE (# NUR STATE aryland	Balt	other institution ity imore	131. CITY OR Dunc	BEFORE ADMISSION JOWN Jalk	13d. INSIDE	CITY LIMITS?		DDRESS / ZIP CO		
RYL.	F 22 F	4 FA	THER'S NAME	The	MIDDLE	_LAS	1		R'S MAIDEN NA	ME	MIDDLE		LAST
¥	g # 125()	Thomas		aac	Mil			zäbeth			N	velch
ORE,	Pages		VAS DECEASED EVER	IN U.S. AR	MED FORCES? E WAR OR DATES)		SECURITY NO.	17 INFORM			ADDRESS		
¥ .			No			225/10	0/9372	Mae	H. Mill	s (same	as 13e		
T., BAI	physicia anpapers emaval. event, the		PART I. DEATH V		ly one couse per D BY: E CAUSE (a)	line for 10), (b	dis Pe	ilmo.	nary	Arres	+	BE.	APPROXIMATE INTERVAL TWEEN ONSET AND DEATH
Z O	ih ce corbic corbic oric				DUE TO, O	R AS A CQNS	EQUENCE OF		1	_		10	
EST	dear other other other other roum	14	Conditions, if any		(b)_	M	ilash	le	ung	(ance	1.		5 mo
× ×	i, that the death ce of by the attending lease remove carb rial, cremation, or a or other troumatic		couse (a), state underlying cous	ng the	DUE TO, O	R AS A CONS	FOUENCE OF	ī (e	ench	,			5mo.
RDS, 20	signed Then ple to burio	N O	PART 2 OTHER SIG	NIFICANT C	ONDITIONS CO	ONTRIBUTING	O DEATH BU	T NOT RELATI	ED TO THE TERM	INAL DISEASE	OR CONDITION	GIVEN IN P.	ART Ico
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120	The low re icion. te hos been ast permit. giene prior shows ony i	CERTIFICATION	190 DATE OF OPERA	ATION			HICH OPERATION				NO IN CE	RTIFYING C	FINDINGS USED AUSES OF DEATH? NO
OF VIT	PHYSICIAN: The anding physicia this certificate is burial-transit and Mental Hygie d or Nem 18 sho		OR CONTRIBUTING	CAUSE OF DEA		OF INJURY M. MONTH M.	DAY YEAR	21c. HOW	INJURY OCCURI	RED (ENTER NATU	IRE OF INJURY IN ITEM	18 PART I OR P	ART 2)
0	of A Das day	MEDICAL	21d INJURY OCCUP		21e PLACE	OF INJURY	FFICE, FARM ETC.)	211 LOCAT			CITY OR TOWN	COU	INTY STATE
N N	NG PH After th as the I thand arked a	2	WHILE NOT W	ORK	[AT HOME, ST	REET, PACTORY, OF	FFICE, FARM ETC.)	10	h		1,0107		
_	TTENDING Pr pital or atten TOR After the for use as the of Health and 21 is marked		sow the deceo	sed olive-on	tol) ottended the	87		and that in (m	y) (our) opinion	, to5 death occurred	on the date and	. 19 hour and fro	, that (I) (we) lost
	by the hos ERAL DIREC e detached State Dept ANT: If them		22b. SIGNATURE	LING.	ne	Mosel	Ime.	DEGREE	ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIAN	220	DATE SIGNED
	TO HOSPITAL retained by th TO FUNERAL should be deti with the State [IMPORTANT:		224 PHYSICIAN'S N	LAME ITYPE O	$\Lambda \Lambda$	activ	nney	FSK.	MC	494	o Easi	levn b	tue
	P € E # 3 ₹	23e E	BURIAL, CREMATION		236 DATE		230 NAME OF	CEMETERY O	RCREMATORY	23d LOCAT	RIOWN	COUNT	y STATE
	BP		Burial		5/20/	1987	Oak La	vn Ceme			timore,		
	OHMH - 16 60M 7/B4 (VRA 15, 4)	24 F	alter Bro	oks Br	adley,	Inc. B	alto.,	4d. 212		Y 2 0 19	GISTRAR 256. REC		IGNATURE on. Randals



STATE OF MARYLAND

1 1		FOR STATE REGISTRAR			DEP			ALTH AND	MENTAL HY DEATH	YGIENE	8 7	REG. NO		3	0	7	6
377		CEASED NAME	FIRST	- /	AIDOLE		ŁA	51		2a D/	ATE OF DE	ATH	нтиом	DAY	YEAR	2b HC	OUR
	TYPE	OR PRINT)	James		Υ.		Mil1	S					5	20	87	q:30	A. M
	3. SE	X	4	. RACE		5.	DATE OF			6 AGI	E (IN YEAR	S LAST BIRT	HDAY)	IF UN	DER I YEAR	HOURS	ER 24 HRS
	M	Male		White			40nth	30	09 ^{AR}		78		YRS		DATS	HOURS	MIN.
1	70. BI	RTHPLACE (STATE OR E	OREIGN 7	L CITIZEN OF		TRY? 8	MARRIED	☐ NEVER	MARRIED _		TIMORE	_	-		EATH		
		Scotland		U.S		W	IDOWED	D D	NORCED [Bal	timo	re C	oun	ty		47	MD.
X	_	ITY OR TOWN OF DEA	TH I	St. Jo	HOSPITAL, NI HEACHTY, GIVE SEPNS			OTHER INS	NOITUTION		SUAL OC of work fo ctire			G LIFE) 12	L KIND COAT		vess or er
35	13a S	al residence (# Nurs State Maryland	Balt	THER INSTITUTION. Y	130 CITY OR Balt	TOWN		YES 🗌	NO 🔀		Sy Iv	oress 6	zip cc	DDE Way	2123	6	
32	14 FA	George	м	IDDLE	M	ills		IS MOTHER	Mary Mary	NAME		AIDDLE			LA	Youn	ıg
medicol		VAS DECEASED EVER		NED FORCES?	196-09			Hender	son Co	٥.	J	ohns		n, P	a.	159	002
event, me		18 CAUSE OF DEAT PART I. DEATH W	H (Enter only AS CAUSED IMMEDIATE	BY:	10	bi, and ic	,	y Fo	ilure	_					APPRO) BETWEEN	XMATE IN	TERVAL ND DEATH
r recumone		Conditions, if ony, gove rise to imm cause (a), statin	nediote	(b)_	Pulm o	nor	4 4	artin	onia.	tos:	J					V	
0.00		underlying couse		(6)	Mera!		/	unce	- 1	Pros	19+	2					
mora, or	NO	PART 2 OTHER SIGN	NIFICANT CO	ONDITIONS CO	ONTRIBUTING	TO DEA	TH BUT N	OT RELATE	O TO THE TER	RMINAL D	ISEASE O	RCOND	NOITION	GIVEN IN	PART 1	0	
2	CERTIFICATION	190 DATE OF OPERA	ION	196 CONDI	TION FOR W	HICH OP	ERATION	WAS PERFO	DRMED		AUTOPS	/		YES, WE TIFYING YES			ATH?
9		210. ACCIDENT WAS UNE OR CONTRIBUTING (1)	CAUSE OF DEAT	HOUR A.	M. MONTH	DAY	YEAR	21c. HOW II	NJURY OCCU	JRRED (E	NTER NATUR	E OF INJUR	Mati Mi Y	18 PART I C	OR PART 2)		
xed o	MEDICAL	21d INJURY OCCUR	ILE 🗆	21e PLACE ((AT HOME, STR	OF INJURY EET, FACTORY, O	FFICE, FARM.	, ETC)	211 LOCATI	ON T		C	ITY OR TOV	VN	(OUNTY		STATE
тош 5: 1.2 ш		220 I certify that (I) saw the decease abave (1) (we) (c		4.4	4 0	rom F			(aur) apinio	b to	Mo occurred o	1	te and h		from the	couses	
Oxiant: If fem		22b. SIGNATURE	TH	= 55	ray				ATTENDING . PHYSICIAN	MED	CTOR [STAF	F IAN []		5/2	o 18	7
A A		22d. PHYSICIAN'S NA						22e ADDRE		6	. 10	2	0	1		2	
	1	errance T.	Fitz	gerald	M.D.			75/		nton			130	ltim	ore	2	1209
		BURIAL, CREMATION,	REMOVAL	5/23/8	17				CREMATORY	y 23d	JOCATION I		n (Camb	ria	Pa	STATE

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

24 FUNERAL DIRECTOR

Ruck Towson Funeral Home, Iness

21204

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE MAY 25 1987 Julia Dander Par

1050 York Rd

Julia Divideon Pendals

Manager and the second of the THE WALL FOR THE TOTAL . THE mpett of sore of all comme THE REPORT OF THE PARTY OF THE THER TORROST FOLIANT FOLIA, TOR. THEN ONE THE SHAPE THE SHAPE

	Items #1,14,		STATE OF MARYLAND		
822 HAY 1	FOR 5-20-87 STATE REGISTRAR	CW DEP	ARTMENT OF HEALTH AND MENTAL HYD CERTIFICATE OF DEATH	REG. N	13077
	1. DECEASED NAME FIRST	MIDDLE	'AST Mitchener		MONTH DAY YEAR 26. HOUR
may be page 3 er death		RLIE	MITCHNER		05 15 '87 4:24P
	3 SEX	4 RACE	5 DATE OF BIRTH	6 AGE (IN YEARS LAST BIR	THDAY) IF UNDER 1 YEAR IF UNDER 24 H
ge 4	FEMALE	BLACK	3 TATE OF BIRTH 10 144	73	YRS MONTHS DAYS HOURS A
deoth. Po	70 BIRTHPLACE (STATE OR FOREIGN COUNTRY) N.C.	76 CITIZEN OF WHAT COUN	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY C	R COUNTY OF DEATH
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1 185		me or other institution give residence OUNTY 134. CITY OR BALT		13. STREET ADDRESS	74600 RD. 212
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G PHYS offer this of the bu	WHILE NOT WHILE AT WORK	210 PLACE OF INJURY (AT HOME STREET, FACTORY O	FFICE, FARM, ETC.) 211 LOCATION STREET	CITY OR TO	WN COUNTY STATE
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DHMH - 16 60M 7/B4 (VRA 15, 4)	24 FUNERAL DIRECTOR MARCH FUNE	RAL HOME 1100	ESS E. NORTH AVE	Y 1 8 1987	256 REGISTRAR'S SIGNATURE

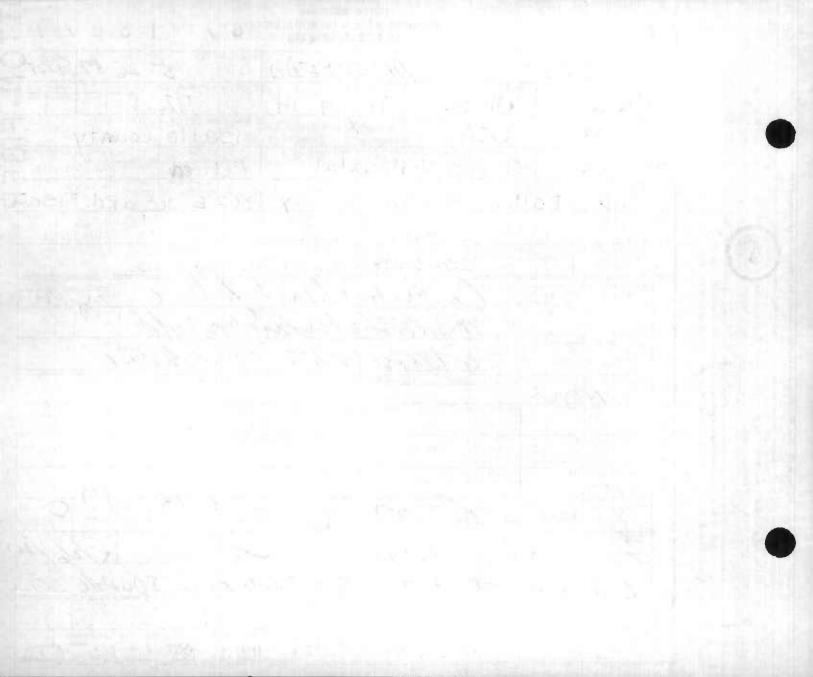
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10. CITY OR TOWN OF DEATHOL (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 12. LIST (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 13. CITY OR TOWN OF DEATH (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 13. CITY OR TOWN OF DEATH (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 13. STREET ADDRESS / ZIP CODE 13. CITY OR TOWN OF DEATH (IF NOT IN SUCH FACILITY CITY LIMITS) 13. STREET ADDRESS / ZIP CODE 13. STREET ADDRESS / ZIP CODE 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME 16. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. WAS DECEASED EVER IN U.S. ARMED FORCES? 212 36 2778 17. INFORMANT 18. INFORMANT 18. INFORMANT 18. USUAL OCCUPATION (TYPEOF WORK FOR MOSKING LIEF) 19. INDUSTRY IN
USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION ONE RESIDENCE BEFORE ADMISSION) 13d. INSIDE CITY LIMITS? 13d. INSI
Leroy Miskimon, Sr. Issi FNaomi Robinson: I
Baltimore, Md.
18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c.) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which (b) DRUMM MAA
DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which (b) Drumm med
Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last. (b) PRILLIM MICA DUE TO, OR AS A CONSEQUENCE OF Underlying cause last. (c) Left himisphyric cure bio visicular acceptant
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11a
Coronary arting disease and mthal insufficiency 190 Date of Operation 190 Date of Operati
The state of the s
TO THE TOTAL PROJURY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED 21d. INJURY OCCURRED 21d. INJURY OCCURRED WHITE NOT WHITE AT WORK
220.1 certify that (1) (this hospital) attended the deceased from March 26 1987, to May 2 1987, that (1) (1) saw the deceased alive an May 1 1987, and that in (my) (aur) apinian death occurred on the date and hour and from the causes straightful above, (1) (we) (did) (did not) view the bady after death.
DEGREE 1726. SIGNATURE 1726. SIGNATURE 1726. DATE SIGNED
The physician Director Director Physician Director Direct
BP
14 FUNESAL DIRECTOR TO PA 1407 Old Eastern Ave MAY 4 1987 Julia Director Condens Conde

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NG PHYSICIAN, after the services are the services of the servi	ICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	P.M.	TH DAY YEAR		ED (ENTER NATURE OF INJURY IN ITE	M 18 PART 1 OR PART 2)	
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OR ATTEN a hospital DRECTOR chard for us Dept. of He	100	the deceased alive on about 11 (we) (did) (did not	5/16	_19	DEGREE	death accurred on the date on	d hour and from the caus	es stated
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2 24134		SURIAL, CREMATION, REMOVAL	236. DATE 5-30-87	1	EMETERY OR CREMATORY ney Valley	23d LOCATION CITY OR TOWN	COUNTY	STATE
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DHMH - 16 60M 7/B4 (VRA 15, 4)		Ruck Towson Fune	eral Home, In	DORESS 1050	York Rd. n,Md.21204	IIIN 1 1987	A	0. 1



MARYLAND 21201

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STATE OF MARYLAND

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER REGISTRAR Mary B. Moore REG. NO DECEASED NAME KNOWN LIYRE OR PRINT OF ESTI-DEATH MATED Beatrice 3. SEX 4. RACE AGE /IN YEARS IF UNDER 24 HRS DATE LAST BIRTHDAY MONTHS PRONOUNCED 23, 191 71 YRS Feb. DEAD TE CITIZEN OF WHAT COUNTRY? 70 BIRTHPLACE NEVER MARRIED North Carolina U.S.A. Baltimore County DIVORCED ID CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS (15 NOT IN SUCH FACILITY, GIVE STREET ADDRESS)
9534 Burton Avenue FOR MOST OF WORKING LIFE) Baltimore Salesperson 21234 JSUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) BALTIMORE, MD. 21201 136 INSIDE CITY LIMITS? 136 STREET ADDRESS Baltimore CITY OR TOWN Maryland Baltimore 9534 Burton Avenue 21234 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE David Taylor Madeline Pabst John 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS NO NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 215-09-7081 George R. Moore same as 13e CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY SCLEROTIC OR REMOVAL ULBR DISCAJE Conditions, if any, which gave rise to immediate cause (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 ID CERTIFICATION 19g. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? E 3 SHOULD BE U DEPARTMENT C 11 PRIOR TO BUR 21a. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M 216 INJURY OCCURRED 21e PLACE OF INJURY (AT HOME 21f. LOCATION AT WORK AT WHILE STREET, FACTORY, FARM, ETC.) CITY OR TOWN EXECUTE THE CERTIFICATE,
PAGE 4 SHOULD BE FORW
TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE ST.
BALTIMORE, MARYLAND, 2 mount described above, held on 220. I certify that I take Autopsy Inspection death resulted from EXAMINER'S NAME TYPE OR PRINT 230 BURIAL, CREMATION, REMOVAL STATE Burial Moreland Memorial Park Baltimore, Maryland 07/R4 BP. 25M 24 FUNERAL DIRECTOR **DHMH - 17** Leonard J. Ruck, Inc. Baltimore, Maryland (VR A15 ME (5))

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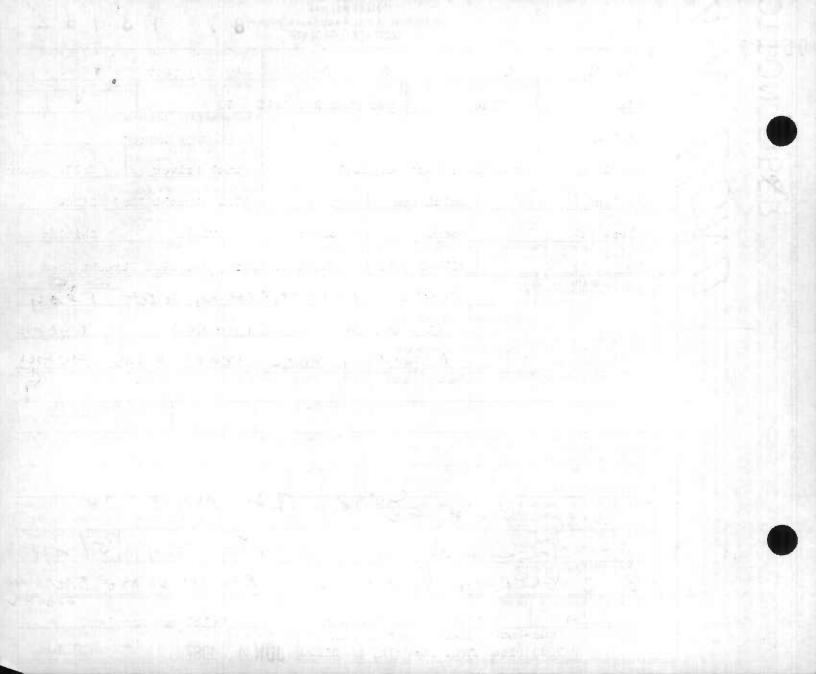
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Caltirate County

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Georgian J. Buck, Inc. Estatore, Uniquest 1, 1987 1987 1987

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A B G G S	V	Robert N.		Moore		Lousa	Viola		Shipley
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TTEN pitol TOR: for us of He		sow the deceased older		197	h	nd that in (my) (our) opinion o	death occurred on the	ete and hour and fre	om the causes stated
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(VRA 15, 4)

Burial 5-20-87 24 FUNERAL DIRECTOR

236. DATE

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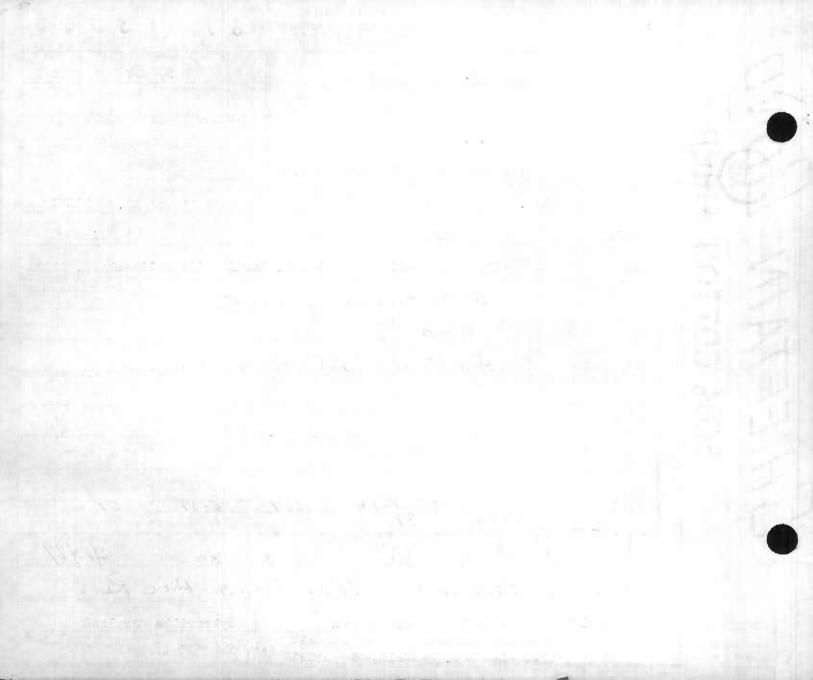
230 BURIAL, CREMATION, REMOVAL

23c NAME OF CEMETERY OR CREMATORY Crest Lawn

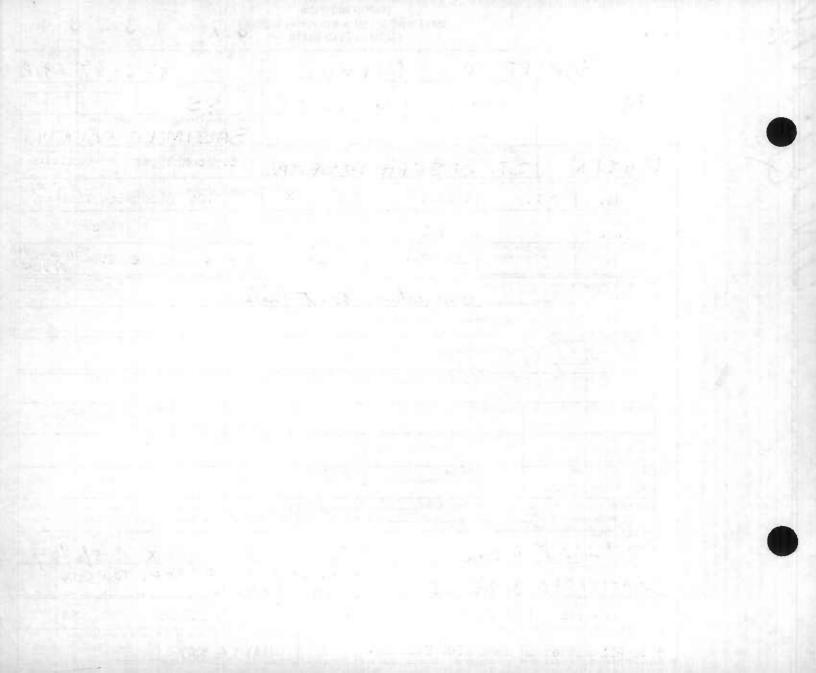
STATE

236 LOCATION Sykesville Maryland

Duda-Ruck Funeral Home of Dundalk DATE REC'D. BY REGISTRAR 256 REGISTRAR SHOWATURE PLANE



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	1. DE	CEASED NAME	FIRST	-	MIDDLE	N A	LAST	2	a. DATE OF DEATH	MONTH DAY		2b. HOUR
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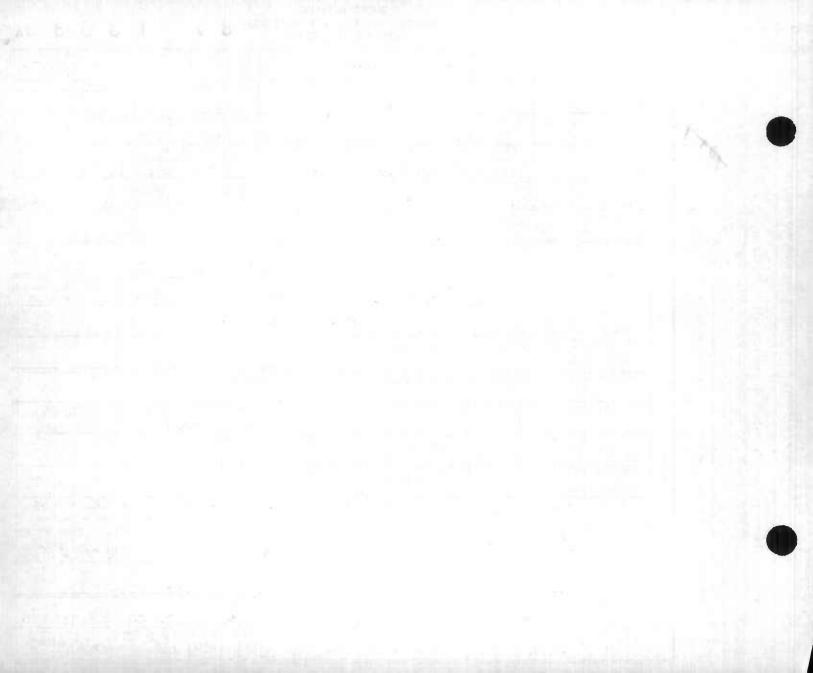
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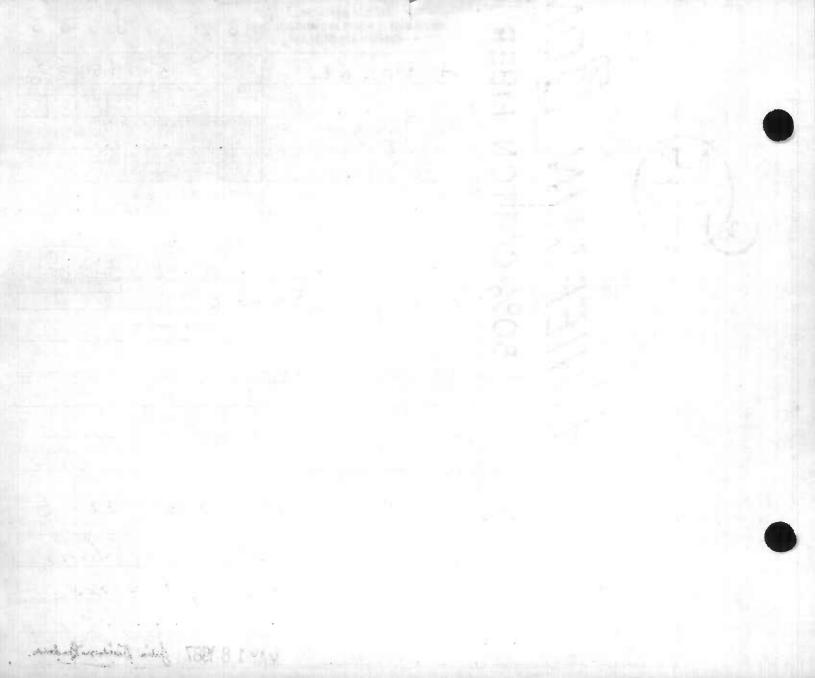
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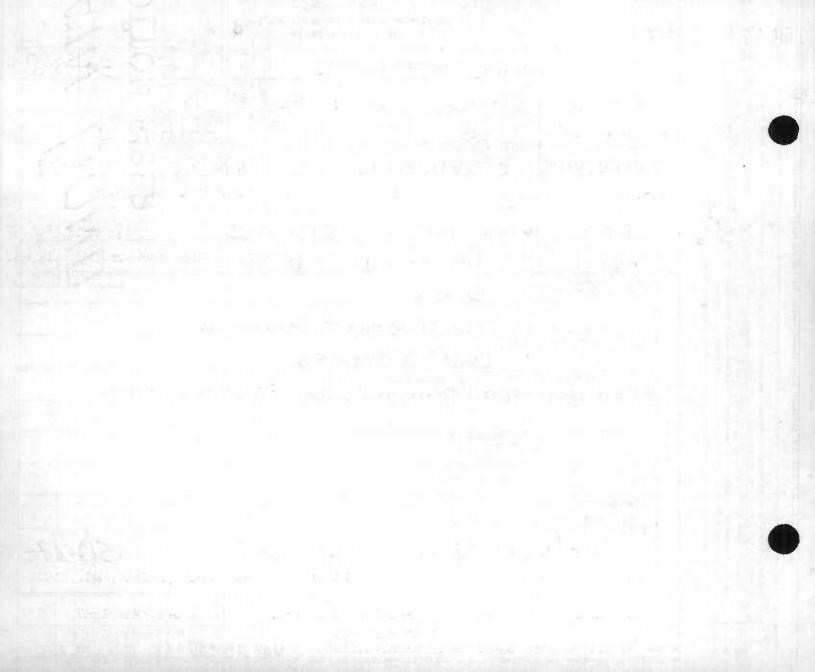
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STATE OF MARYLAND

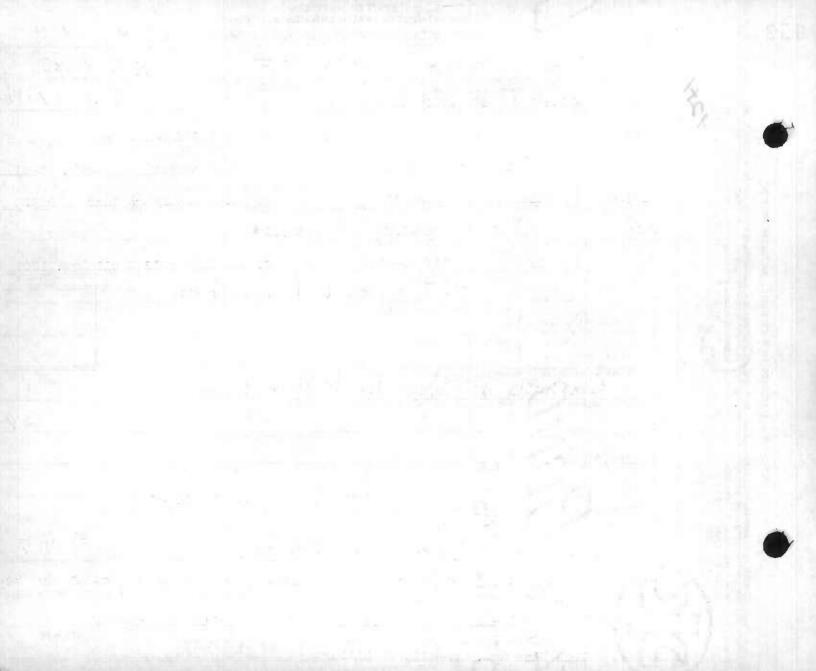




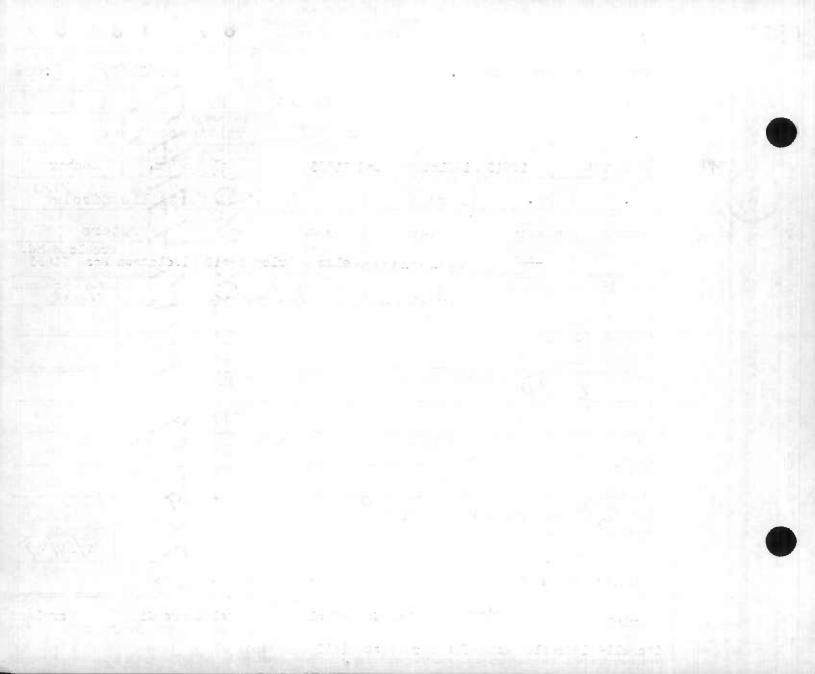
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500			STATE OF MARYLAND					
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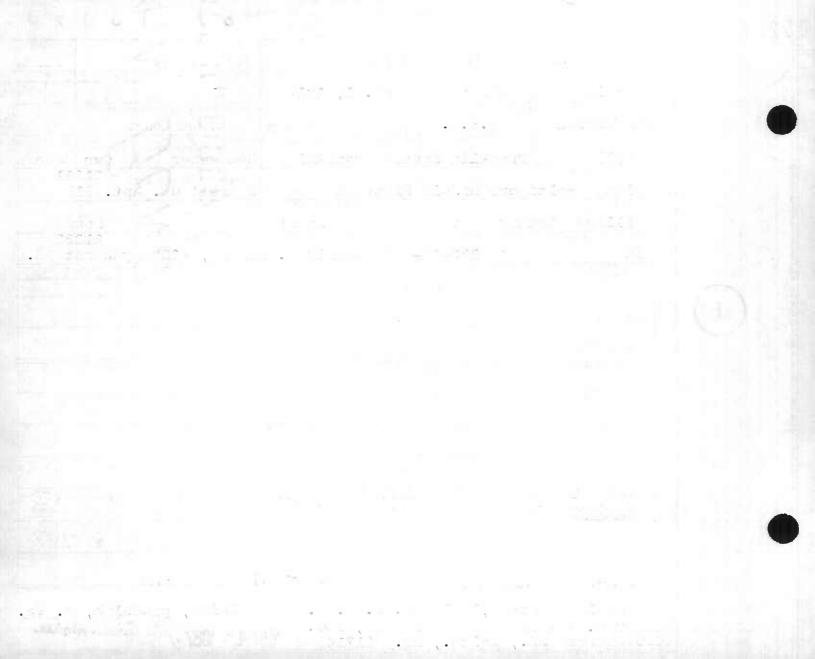


21214

6009 Harford Rd., Balto., Md.

(VRA 15, 4)

STATE OF MARYLAND



	1 -	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 8 /	3091
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Poge	1		76 CITIZEN OF WHAT COUNTRY	31 1895	9 BALTIMORE CITY OR COUN	
12 2 pt		W.S.A. Marylan	d U.S.A.	MARRIED NEVER MARRIED X	County of B	
	19: CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STREE		120 USUAL OCCUPATION { TYPE OF WORK FOR MOST OF WORKING	126. KIND OF BUSINESS OR
1	100	Catonsville	Little Sister	s of the Poor	ITYPIST.	Office
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John John John John John John John John	1		MIDOLE LAST	FIRST	WIDDLE	LAST
S C C	160 V	John VAS DECEASED EVER IN U.S. AR	MED FORCES? 1166. SOCIAL SEC	nor Elizabe	ADDRESS	Lewis
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hat the by the ose rer other		cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQU	JENCE OF		
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quire signi Then p to bu njury,	NO	TAKE OTTEK SIGNIFICANT	CONDITIONS CONTRIBUTION TO	DEATH BOT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION	SIVER IN PART ITO
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DIN or Se os		AL TOTAL	tal) attended the deceased from	1983	to_ Nong	1987 that (1) (we) lost
TTEN Dital TOR Of He	7.	saw the deceased alive an	- TV-	, , ,	death accurred on the date and h	- ' ' ' '
REC Pet Company	34	obove, (1) (we) (did) (did no: 22b. SIGNATURE	t) view the body after death	DEGREE		22c. DATE SIGNED.
the or the or the or the District Distr		Na	m-1	ATTENDING	MEDICAL STAFF	15/27/87
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		D		3455 WiStan	Agnes Med. Cen.	Room 4
of of shoot with MP	23a. P	Ravendhran URIAL, CREMATION, REMOVAL	23b DATE 23c	NAME OF CEMETERY OR CREMATORY	23d LOCATION	
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	0 0 4 0 0 0	100	E e	-	22a. I certify that (1)	(this haspite	al) attended t	he deceased	fram May		19 8		lay 28	, 19	07	that (I) (we) last
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Mitchell-Wiedefeld Home 6500 York Road 21212

(VRA 15, 4)

Mitchell-Wiedefeld Home 6500 York Road 21212

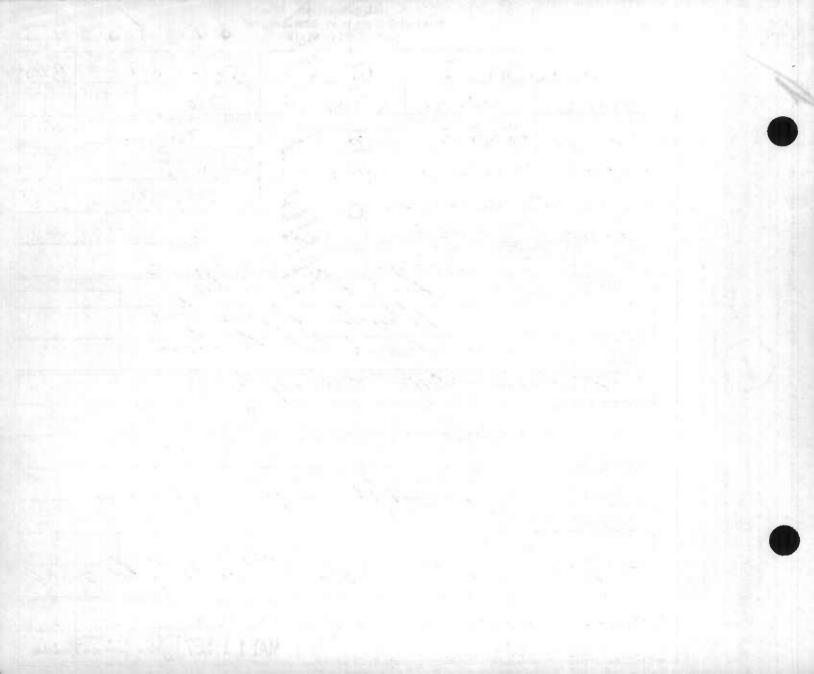
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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	Batter Branch Committee		STATE OF MARYLAND			
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Second Second	MD	marylance	WIDOWED DIVORCED	BA	Himore	MD.
a de la companya de l	10 CITY OR TOWN OF DEATH	. NAME OF HOSPITAL, NURSI	NG HOME OR OTHER INSTITUTION	12a USUAL OCCUPATIO	N 125 KIND OF	BUSINESS OR
5 4 4 5	BAHMORE S	AGSEOT MIRO	the soit Al	AT Hom		
2120 In b	USUAL RESIDENCE (IF NURSING HOME OR OT	HER INSTITUTION. GIVE RESIDENCE BEFO	RE ADMISSION!	A		41234
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¥ 1 1 1 1	14 FATHER'S NAME	ILIOUS I HUN I	15. MOTHER'S MAIDEN NA		V ZRLT NON	40
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deoth or deoth or manages continuation, or or treatments	Conditions, if any, which	(6)	/	//	150	
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3 1 1 2 5	underlying couse last.	in the second	000000000000000000000000000000000000000	//		
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0	TIA. ACCIDENT WAS UNDERLYING	IN CONDITION FOR WHIC	H OPERATION WAS PERFORMED	20s AUTOPSY?	28L IF YES, WERE FINDING	
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DIV ON THE PROPERTY OF THE PRO	AT WORK	14/	4/24	1 1	1 11	
N = 8 5 7 =	22s.1 certify that (I) (this hospital saw the deceased alive on	attended the deceased from	19.27	10		not (1) (we) last
E 6 6 9 7 7	obove, (li (we) (did) (did oot)	iew the body after death	and that in (my) (our) opinion	death occurred on the dat		
4 3 3 3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	276 SIGNATURE		DEGREE	HERNELL PROPERTY	22c DATES	IGNED
45 48 E			ATTENDING PHYSICIAN	MEDICAL STAFF	AND	
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	24 FUNERAL DIRECTOR	1110111	250 ROAD 250. DA	TE REC'D. BY REGISTRAR 2	Sh REGISTRAR'S SIGNATU	
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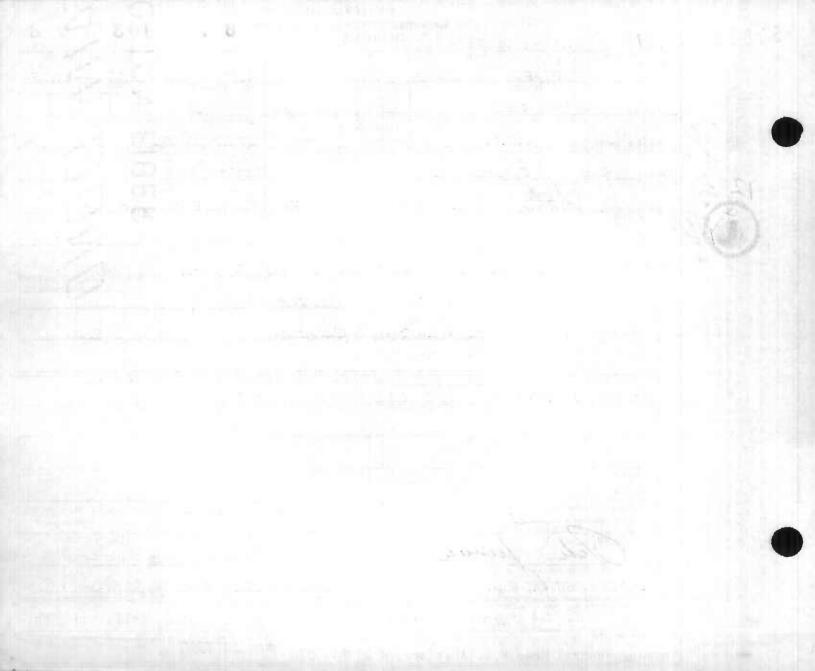
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rLAND 2	thin 24 ho	130	ARYLAND BAL	TIME PARK		13d INSIDE CITY LIMITS? YES NO NOTHER'S MAIDEN NA	13e STREET ADDRESS / ZIP C	HARFORC	RUAD
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TIMORE	on and co	(VAS DECEASED EVER IN U.S. AF	IVE WAR OR DATES)	I SECURITY NO.	17 INFORMANT FAMILY	RSCOROS		
IOI W. PRESTON ST., BAI	t that the death-east f-cate d by the arterigns, physics sleave rand as carbon-paths and cremating, or ten piral or other traumatic event, the		PART I. DEATH WAS CAUSE IMMEDIA Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CON (b) DUE TO, OR AS A CON (c)	SEQUENCE OF		TOUBOEMBOL	15/4	IMATE INTERVAL ONSET AND DEATH
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	elained by the Shirt with the Shirt MPGRTAN	100	REYNATOD O	RIVELA-GOI	-		Test location		
	BP DHMH - 16 60M 7/84	24 F	BURIAL, CREMATION, REMOVAL SPECIFY) JUNEAL DIRECTOR	5-11-1987	HOLY R	A A A S	23d. LOCATION CITY OR TOWN E REC'D. BY REGISTRAR 235 RE	COUNTY CISTRAR'S SIGNAL	LARYLADO URE
	(VRA 15, 4)	5	VANS CHAPE)	LOFI ISMOR	1150 110	AM MA	III NOI		

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH MEDICAL EXAMINER'S REGISTRAR REG. NO MIDDLE 1. DECEASED NAME 20 DATE KNOWN MONTH 26 HOUR LIYPE OR PRINTS OF ESTI-E FUNERAL DIRECTOR.
E 5 FOR YOUR FILES.
ED, WITHIN 72 HOURS DEATH MATED Thomas Guv Page Sr. 25 1987 May 4. RACE 3 SEX DATE OF BIRTH & AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2d HOUR DATE YEAR LAST BIRTHDAYS PRONOUNCED HOURS 87 1PM May M ale White DEAD May 4 1916 Th. CITTZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED ** NEVER MARRIED SouthCarolina USA Baltimore County

ALOCCUPATION LTYPE OF WORK 178 KIND OF BUSINESS WIDOWED DIVORCED PAGE 5 E FILED, 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK (IF NOT IN SUCH FACILITY GIVE STREET ADDRESS) OR INDUSTRY FOR MOST OF WORKING LIFE! 10 Elm Drive RETAIN PA MiddleRiver Retired-LondonFogSupervisor USUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS 130 STATE 13b. COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Balto MiddleRiver YES NO X 10 Elm Drive 21220 Md MD. 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MUDDLE BALTIMORE, Milton Annie Eubanks Page Mae 160 WAS DECEASED EVER IN U.S. ARMED FORCES 16b. SOCIAL SECURITY NO 17 INFORMANT (YES, NO, OR UNKNOWN) Sarah Page 10 Elm Drive 21220 238-10-0173 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c),) APPROXIMATE INTERVAL MINER ALONG W TRANSIT PERMIT BETWEEN ONSET AND DEATH OR REMOVAL. PART I DEATH WAS CAUSED BY ARPIOPULMONARY CREST IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which CORONARY PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINES TO FUNERAL LORECTOR, PAGE 3 SHOULD BE USED AS A BURIAL TRAN AFTER DEATH, WITH THE STATE DEPARTMENT OF HEATTH AND MENTAL BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR RE gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IO CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [] NO T 21g EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR UNDERLYING MEDICAL CONTRIBUTING CAUSE OF DEATH P.M 214 INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN WHILE AT WORK AT WORK COUNTY STATE 220 I certify that I took charge of the remains described above, held on Autopsy Inspection Inquiry ond in my opinion death resulted tem Suicide Homicide Undetermined monner TITLE (SPECIFY) ACTUAL SIGNATURE MEDICAL EXAMINER 21222 EXAMINER'S NIME 1FI+0 6500 MOKNINGTON RD. TYPE OR PRINT 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23¢ NAME OF CEMETERY OR CREMATORY 23d. LOCATION GardensofFaithCemetery 5/29/87 Burial Rossville Baltimore Maryland 07/84 BP. 25M 24 FUNERAL DIRECTOR 256. REGISTRAR'S SIGNATURE **DHMH - 17** (VR A15 ME (5)) Connelly Funeral Home 300MaceAve.

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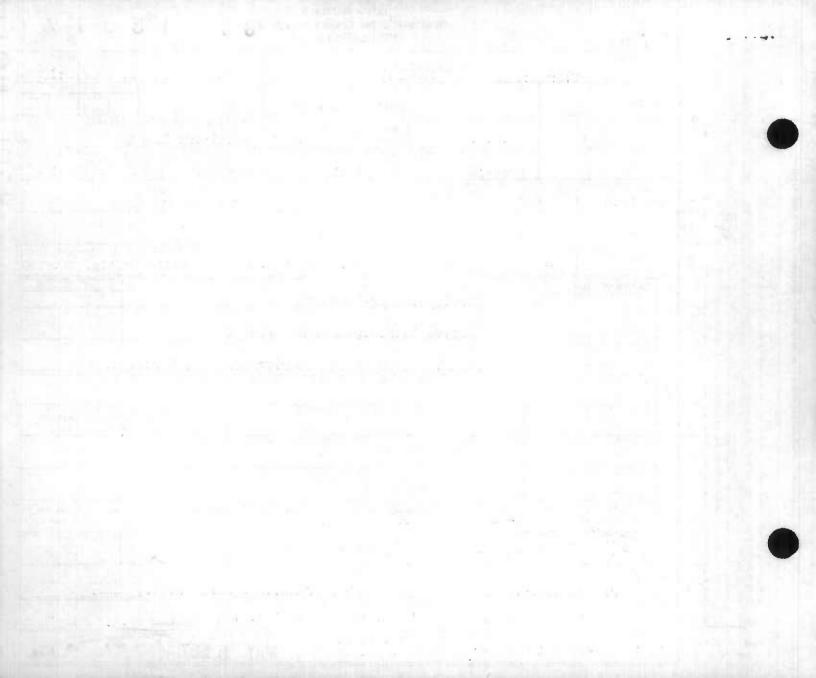
STATE OF MARYLAND

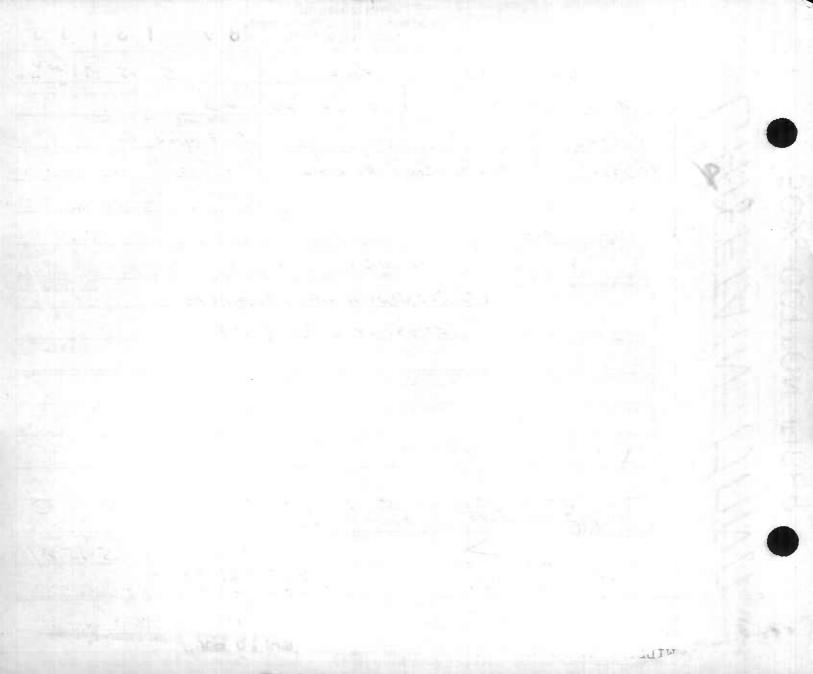
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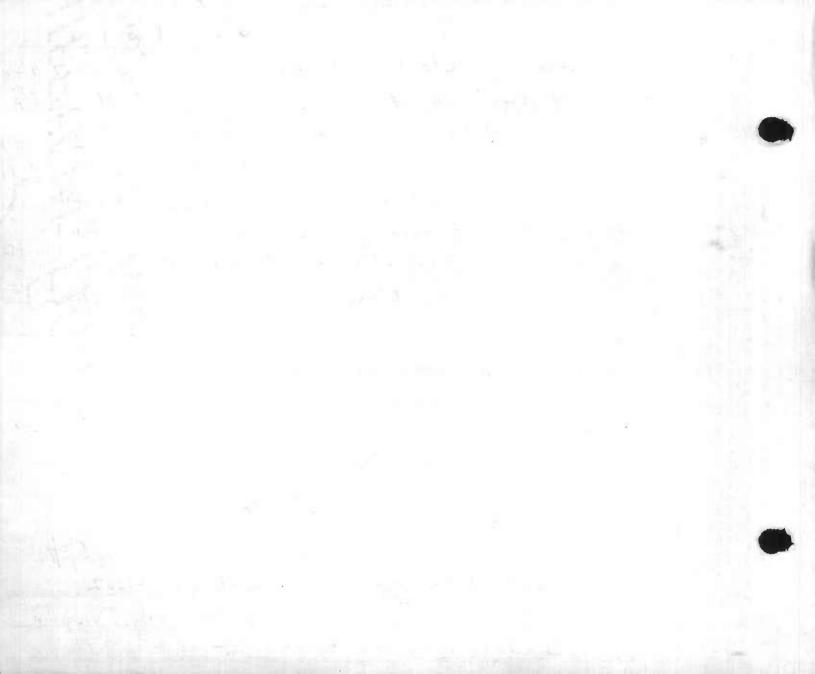
6	REGISTRAR				CERTIF	ICATE OF DEATH	REG. NO	0.			
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(1.7,		arer	nce DOME	NICO PAN	NUTY		May		3, 1987	6:10	Эр м
3. SE			4 RACE		S. DATE C		& AGE (IN YEARS LAST BIR	IF UNDER 1 YEAR	IF UNDER	24 HRS MIN.	
1	Male		White		Janu	ary 27, 1920	67	YRS.	MONTHS DATS	HOURS	MIN.
	IRTHPLACE (STATE OR FORE	1GN	76. CITIZEN OF	WHAT COUNTRY?	8 MAPPIE	D NEVER MARRIED	9 BALTIMORE CITY O		Y OF DEATH		
	st Virginia		U.S.A		WIDOWE	**	Baltimore	Coun	ity		MD.
19 C	ITY OR TOWN OF DEATH			OSPITAL, NURSIN		OR OTHER INSTITUTION	12e USUAL OCCUPATI		12b. KIND O	F BUSINE	55 OR
	ssex		Frankl	in Square	e Hos	pital	Machinist			onal	Wire
Mid	AL RESIDENCE (IF NURSING STATE 13b aryland	COUL	OTHER INSTITUTION.	GIVE RESIDENCE BEFORE 136 CITY OR TOW Baltimo:	ADMISSION) N CE	13d INSIDE CITY LIMITS?	766 Mansfi			21221	
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. (WAS DECEASED EVER IN 1		MED FORCES? WAR OR DATES)	166. SOCIAL SECU 232-26-5		Mr. Samuel J.	ther) ADDRE • Pannuty M	SS535 iller	Brightw sville,	Md.2	Road
NO		iate the lost.	DUE TO, OF	RAS A CONSEQUE robable A	NCE OF	erebral Hemory sm in Anterio	r Cerebral			2	
CERTIFICATION	19a DATE OF OPERATION	N	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES [V] NO [IN CERTIF	S, WERE FINDIN		H?
MEDICAL CER	210 ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS (IF EITHER NOTIFY MEDICAL E	SE OF DEAT	21b. TIME OF HOUR A./ P./	M. MONTH DA	Y YEAR	216 HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18 I	PART 1 OR PART 2)		
WEI	WHILE NOT WHILE			EET, FACTORY, OFFICE, FA	ARM ETC)	STREET	CITY OR TO	WN	COUNTY	51	TATE
	22a.1 certify that (1) (this saw the deceased a abave, (1) (we) (did)	allian on	May 2	10	37_, ar	, 19 <mark>87</mark> nd that in (n X) (aur) apinion d	, to <u>May 3</u> leoth occurred on the do	ote and hou		that X : (w causes sta	
	1/5 9	//	(v)	w	7.	DEGREE ATTENDING PHYSICIAN	MEDICAL STAF		22¢ DATE	SIGNED	
1	Dr. Mous	hab	ek., MD			9000 Frankli		ive.,	21237		
	BURIAL, CREMATION, REA (SPECIFY) Burial	MOVAL	May 9,	1987 G1	en Ha	EMETERY OR CREMATORY EVEN MemorialP	Gren Burn			laryl	and
	uneral director ngleton Fune	eral	Home G	Second A	e, Mo		AY 5 1987	25b. REGIST	TRAR'S SIGNAT		all,

DHMH - 16 60M 7/B4 (VRA 15, 4)





	1	Film #G628, Item #5		MARYLAND		
	11-	FOR STATE 6/10/87, Sb	DEPARTMENT OF HEALT	<u> </u>		7 1 0 1
DSSOFO PM	133	REGISTRAR	MEDICAL EXAMINER'S		EATH REG. NO	00 1 0 1
0000000	I. DE	CEASED NAME FIRST	WIDDLE	LAST	20. DATE KNOWN	MONTH DAY YEAR 26 HOUR
S NECESSARY, PLEASE FUNERAL DIRECTOR. E 5 FOR YOUR FILES. D. WITHIN 72 HOURS W. PRESTON STREET,		Jeen	a lberta	Parker	DEATH MATED	3 3/ 187 47 M
E STEP	3. SE	4. RACE 5. DATE OF MONTH		UNDER I YR. IF UNDER 24 HE	RS. 16. DATE PRONOUNCED	MONTH DAY YEAR 2d. HOUR
DN S	14	male White HATAG		DATS HOURS MIN.	DEAD	5 3/ 1987 5 7 MM
R A S S A L		RTHPLACE (STATE OR 7b. CITIZEN	OF WHAT COUNTRY? 8. MAI	RRIED NEVER MARRIED	9. BALTIMORE CITY C	OR COUNTY OF DEATH
S S S S S S S S S S S S S S S S S S S	171	irginia		OWED M DIVORCED	BAITIMO	re County MD
AY IS N THE FU AGE 5 FILED.	10 C		OF HOSPITAL, NURSING HOME, OR O	OTHER INSTITUTION 120	USUAL OCCUPATION (TYPE	E OF WORK 126 KIND OF BUSINESS OR INDUSTRY
POLA	17	AndAllstown / B	A I TIMOLE CO. GO	en Hosp, F	FOR MOST OF WORKING LIFE)	U.S.Gov.
DELA DELA DELA DELA DELA DELA DELA DELA	USU.	L RESIDENCE (IF IN NURSING HOME OR OTHER INSTIT	UTION, GIVE RESIDENCE BEFORE ADMISSION)			444135,62
E 16400	V	INGINIA HOLOUNTY	Nov Folk	13d INSIDE CITY LIMITS? 13e.	STREET ADDRESS	wood Rd.
ははいるが	74. E.	THER'S NAME	17/0/10/14	IS MOTHER'S MAIDEN NA	AME	
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		TAMES J.	Gri EF	Bertha	MIDDLE	Ricks
WWO SHACE	16a. \	AS DECEASED EVER IN U.S. ARMED FORCE	0 - 11 1 1	17. INFORMANT	ADDRESS	- 1.
E	0	ES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES)	231-01-2539	James A. 7		50 GAVUSON FOUNT R
NURS AF SURE A		12 CAUSE OF DEATH (Fater and an annual		TOMMES II. I	mrer own	APPROXIMATE INTERVAL
		18 CAUSE OF DEATH (Enter only one cause PART I DEATH WAS CAUSED BY:	Asevi	A		BETWEEN ONSET AND DEATH
PRESTON ST ITHIN 24 HOI CIL IN ITEM 1 VER ALONG ANSIT PERMI AL HYGIENE, REMOVAL.		IMMEDIATE CAUSE (o	TO, OR AS A CONSEQUENCE OF	y		10 100
WO AND THE STATE OF THE STATE O		Canditions, if any, which	TO, OK AS A CONSEQUENCE OF			
W. P.I.	-	gave rise to immediate (b				
UTED WITHIN PRESIDENCE IN PENCIL IN PENCI		lying cause last.	TO, OR AS A CONSEQUENCE OF			
IDS, 201 W. PREST XECUTED WITHIN VG". IN PENCIL IN CAL EXAMINER A BURAL-TRANSIT AND MENTAL HY ATION, OR REMO		(c	The state of the s			
M W W W W W W W W W W W W W W W W W W W	7	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	O GEATH BUT NOT RELATED TO THE TERMINAL DISE	EASE OR CONDITION GIVEN IN PART 1 (a)		
TAL RECO HOULD BE IN PENDIN WIEF MEDI HIEF MEDI USED AS A OF HEATS A	CERTIFICATION					
AL AL E	1 5	190 DATE OF OPERATION 196.	CONDITION FOR WHICH OPERATION	I WAS PERFORMED?		20 AUTOPSY?
PIVISION OF VITAL RE RE. THIS CERTIFICATE SHOULD ITE, WRITING THE WORD"PE PRWARDED TO THE CHIEF A RE PAGE 3 SHOULD BE USED. E STATE DEPARTMENT OF HE. D. 21201 PRIOR TO BURRAL	T E					YES NO
CERTIFICATE S RITING THE WC DED TO THE WC DED TO THE C E 3 SHOULD BE E OFPARTMENT	3		TIME OF INJURY UR A.M. MONTH DAY YEAR	HOW INJURY OCCURRED LEN	TER NATURE OF INJURY IN ITEM 18	PART I OR PART ?)
S SECTION S	MEDICAL	CONTRIBUTING CAUSE OF DEATH	P.M. 19			
VIS SEP	AB AB	21d. INJURY OCCURRED 21e ST	PLACE OF INJURY (AT HOME, 211. I REET, FACTORY, FARM, ETC.)	LOCATION	CITY OR TOWN	COUNTY STATE
245A2±	1	WHILE NOT WHILE ST		MULTINE BUILDING		
IER: THI CATE, W FORWA OR: PA(ND, 213		22a I certify that I took charge of the rem	ains described above, held an Aut	topsy , Inspection	, Inquiry , on	id in my apinian
NO THE		death resulted fram: Natural causes	7)		determined monner	,
ERTINATE AND				TITLE (SPECIFY)		-11
MONTH OF THE		SIGNATURE TOWN OR LAND	$\sqrt{1}$	Dodawa:	AEDICAL EXAMINER	DATE SIGNED 5 3/37
SET SEE	7/	15	- 1 h.A		A AMINER	SIGNED
SHEE SHEET	9	EXAMINER'S NAME STANLE V	2. Felsonbero Miv.	ADDRESS // E.	Chase, Il ?	41202
TO MEDICAL EXAMINER: THE ERPIFICATE, VPAGE 4 SHOULD BE FORW. TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE STAMORE, MARYTAND, 2	23e.B	URIAL, CREMATION, REMOVAL 236. DATE	23c NAM OF CEMETERY	OR CREMATORY 236	LOCATION	
199998P19	1	Removal June 3		4. 0 11	Chesapeal	Le. VINGINIA
4/1/6/	24 F	JNERAL DIRECTOR			BY REGISTRAR 256. REGI	
DHMH - 17 (VR A15 ME (5))		M- X Flower	ADDRESS Darings Mills	CHAJUN 1 1	987 Gulia Nico	dam Parlace
15M 2/80	-	- country		21 -46.	0 0000	and a Constitution



	1			STATI	OF MARYLAND		
	1.	FOR STATE REGISTRAR		CERTIF	EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO.	13102
255067		CEASED NAME FIRS HARRY	Y PC	isterd	PASTERCHIK, J	20. DATE OF DEATH MONTH	DAY YEAR 126 HOUR 10 45 AM
4 the state of the	3. SE		White	S. DATE C			IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN. RS.
D 100 7	7a. B	IRTHPLACE (STATE OR FOREIGN 76 C	USA	MARRIE	NEVER MARRIED DO DIVORCED	Baltimore Cou	
3	T	owson		STREET ADDRESS)	FOSPITAL	120 USUAL OCCUPATION [TYPE OF WORK FOR MOST OF WORK! Interior Deco:	
TO B		ALRESIDENCE IF NURSING HOME OR OTHE STATE 13 COUNTY aryland Baltime	ore Rogers	BEFORE ADMISSION) TOWN FOrge	13d INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP C 7407 Stanmor	CODE 21212
	14. F.	ATHER'S NAME FIRST MIDDLE Harry		chik, Sr	15. MOTHER'S MAIDEN NAM	WE	Yevich
TIMORE, Pages		WAS DECEASED EVER IN U.S. ARMED (YES, NO OR UNKNOWN) (IF YES, GIVE WAR O	(337.40.00.0	SECURITY NO. 0-2109A	Josephine A	· Pasterchik -	
of BAL		18 CAUSE OF DEATH (Enter only on PART I. DEATH WAS CAUSED BY IMMEDIATE CA	a Ci	pratu	n Preum	unia	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 24hrs
W. PRESTON on the death or by the amending secondary control or commonlies, or other		Canditions, if any, which gave rise to immediate	DUE TO, OR AS A CONS	Zyhein	er's Disea	si	
CORDS, 201 cen spred int. Then ples inc. to buring ing injerty, or	ATION	PART 2. OTHER SIGNIFICANT CON Ranal Faul	DITIONS CONTRIBUTING PLANE 196. CONDITION FOR W	sown	& Hepatitis	B, Dune	
The longer of the party of the	CERTIFICATION		216. TIME OF INJURY				ERTIFYING CAUSES OF DEATH? YES NO NO
DIVISION OF VITAL RECORDS, 201 W. SEPTIME THE low requires that alter the certificate was been signed by an the certificate was been signed by an the certificate permit Their places in onch Mountal Physician prior in current.	MEDICAL O	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, O	19	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
TENDS/A upmel or a COOR Atu	18	220.1 certify that (I) (this hospital) of saw the decount alive an above, (I) (we) (did (did not) view.	5/28	19 <u>\$7</u> , or	d that in (my) our) apinion	to 5/28 death occurred on the date and	thau and from the causes stated
PHTAL I by the Na VERA, DIRE Solde defocible Solde Dept		22d. PHYSICIAN'S NAME (TYPE OR PRIN	adrivade		ATTENDING PHYSICIAN D	MEDICAL STAFF DIRECTOR PHYSICIAN	224 DATE SIGNED 5/28/87
TO HOSP TO HUNE TO HUN		PATRIC	CA A.S	AVADEZ	120 SK F	PIERRE DR TO	owsow, hub Ziac
BP		BURIAL, CREMATION, REMOVAL (SPECIFY) Urial	5-30-87	Dulane	y Valley	CITY OR TOWN	le, Balto., Md.
DHMH - 16 60M 7/84 (VRA 15, 4)	-	uneral director uck Towson Funera	1 Home, Inc	RESS	TOTA Ma.	REC'D. BY REGISTRAR 256. RE	GISTRAR'S SIGNIATURE

